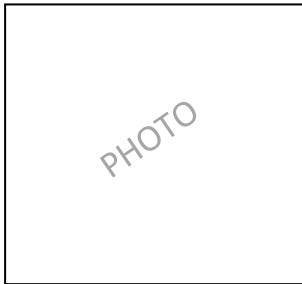


Brill Church of England School
Health Care Plan
 (Template A)



Aim high



Child's Name			
Year Group			
Date of Birth			
Address			
Medical Diagnosis/condition			
	Date Diagnosed:	__ / __ / __	Review Date __ / __ / __
Family Contact Information			
Name			
Phone Number	Work: Home: Mobile:		
Name			
Phone Number	Work: Home: Mobile:		
Name of Clinic / Hospital			
Contact Name / Phone No.			
Name of G.P. Surgery			
Contact Name / Phone No.			
Describe medical needs and give details of child's symptoms, triggers or signs.			

Daily care requirements (e.g. before sport / at lunchtime)	
Arrangements for School Visits / Trips and off site activities.	
Describe what constitutes an emergency for the child and the action to take if this occurs	
Medicines held at school (Please note separate Administering Medicines form must be completed for the school to be able to administer any medicines)	1. _____ 2. _____ 3. _____ 4. _____
Who is responsible in an Emergency (state if different for off-site activities)	
Other Information	
Parent / Carer Signature	Signature _____ Date _____
Countersigned by (school staff)	Signature _____ Date _____

Annual Review - If there is no change to the diagnosis/symptoms/medicines or emergency details as listed above and overleaf parents may re-sign below for a further year. Please note a new form must be completed at least every two years.

Reviewed by Parent	Signature _____ Date _____
Countersigned by (school staff)	Signature _____ Date _____