

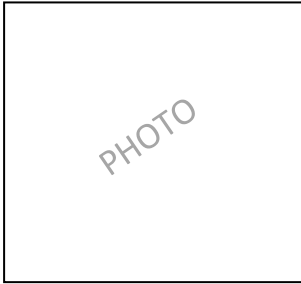
# Brill Church of England School

## Health Care Plan

(Template A)



In the knowledge that  
we are loved, we are rooted  
by our Christian values.



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

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 _____