|  |  |  |
| --- | --- | --- |
|  | Care Plan |  |

|  |  |
| --- | --- |
| Name of School / Setting: |  |
| Child’s Name: |  |
| Date of Birth: |  |
| Class Name / Tutor Group: |  |
| Child’s Address: |  |
| Medical Diagnosis or Condition: |  |
| Date: |  |
| Review Date: |  |

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact 1** | | **Contact 2** | |
| Name |  | Name |  |
| Relationship to Child |  | Relationship to Child: |  |
| Phone No. |  | Phone No. |  |
| Alternative Phone No. |  | Alternative Phone No. |  |
| **Clinic / Hospital Contact** | | **GP** | |
| Name |  | Name |  |
| Phone No. |  | Phone No. |  |

**Arrangements**

|  |
| --- |
| Describe medical needs and give details of child’s symptoms: |
|  |
| Daily care requirements (e.g. before sport / at lunchtime): |
|  |
| Describe what constitutes an emergency for the child, and the action to take if this occurs: |
|  |
| What not to do in the event of an emergency: |
|  |
| Follow up care: |
|  |
| Who is responsible in an emergency (state if there is different for off-site activities): |
|  |