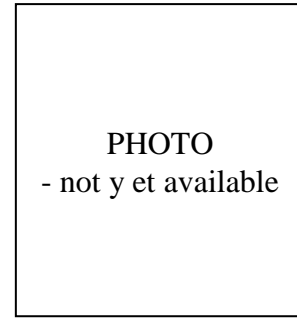


**The West Park Church of England School (Controlled)
Primary**

HEALTH CARE PLAN



Name

Date of Birth

Condition

Class

Date 14th November 202

CONTACT INFORMATION

Family Contact 1.

Name

Tel. No. (Mobile)

Relationship

Family Contact 2.

Name

Tel. No. (Mobile)

Relationship

Clinic/Hospital contact:

Name

Telephone No.

G.P.

Name

Telephone No. 01903

Describe condition and give details of pupil's individual symptoms:

Medication:

Daily care requirements:

PE-

Describe what constitutes an emergency for the pupil and the action to take if this occurs:

Follow up care:

Who is responsible in an emergency: (State if different on off-site activities)

Senior Leadership Team.

Parent/guardian signature: Date:.....

Form copied to: Class Teacher /Medical room