WOOLASTON PRIMARY SCHOOL

'Together we grow, achieve and celebrate'

Healthcare Plan for a Pupil with Medical Needs (if appropriate)

Child's name ……..……..	**Date of Birth** ……
Year group ……	*Please attach a recent photo of your child*
Condition …… …… …… …… …… …… …… …… …… ……	

Primary Family Contact *(parent/carer to be contacted in the first instance in an emergency)*	
Contact name	…….….
Home telephone	……
Mobile telephone	……
Work telephone	……
Relationship to child	……
Secondary Family Contact	
Contact name	……... ….
Home telephone	……
Mobile telephone	……
Work telephone	……
Relationship to child	……

continued overleaf

Clinic / Hospital Contact	
Contact name	……
Contact telephone	……
GP name	……
GP telephone	……
Describe condition and give details of pupil's individual symptoms:	
……	
……	
……	
……	
Daily care requirements (eg. before sports/at lunchtime):	
……	
……	
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……	
Describe what constitutes an emergency for the pupil, and the action to take if this occurs:	
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……	
……	
Follow up care:	
……	
……	
……	
……	
Who is responsible in an emergency? State if different on off-site activities:	
……	
……	
……	
Signed ……	**Date** ……