



Healthcare Plan

Coningsby St Michael's C.E Primary School

Child's name

Year/Class

Date of Birth

Child's Address

Medical Diagnosis or Condition

Date

Review date

CONTACT INFORMATION

Family contact 1

Family contact 2

Name _____ Name _____

Phone No. (work)

Phone No.
(work)

(home)

(home)

(mobile)

(mobile)

Clinic/Hospital contact

Name

Phone No



GP

Name

Phone No.

Describe medical needs and give details of child's symptoms,
(what to look out for, pre warning signs etc)

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:

Follow up care:

Who is responsible in an Emergency: (State if different for off-site
activities)

Form copied to:

_____	_____
_____	_____
_____	_____
_____	_____