

Individual Health Care Plan

Forename and Surname			
Form			
Medical Condition			
Medical ID tags should be worn by students with Diabetes, Epilepsy, Allergies and severe Medical Conditions. Medical ID tag worn y/n			
Date of Birth			
Family Contact 1 – Name			
Family Contact 1 – Address			
Family Contact 1 - Mobile Number			
Family Contact 1 - Work Number			
Family Contact 1 - Home Number			
Relationships			
Family Contact 2 – Address			
Family Contact 2 - Mobile Number			
Family Contact 2 - Work Number			
Family Contact 2 - Home Number			
Relationship			

Clinic/hospital Contact Name	
Clinic/Hospital Number	
G.P Name	
G.P Number	
Describe condition and give details of students' individual symptoms. Please include details of prescribed medication in relation to their medical condition.	
Daily care requirements ie: before sport/at lunch	
Describe what constitutes as an emergency for the student and what action should be taken:	
Follow up care	
Who is responsible in an Emergency (state if different on off-site activities)	
Signed	
Dated	