

## FORM 2 - Healthcare Plan ST PETERS PRIMARY SCHOOL

Name of School/Setting \_\_\_\_\_

Child's name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_

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

#### GP

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

Follow up care:

\_\_\_\_\_

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

\_\_\_\_\_

Form copied to:

**SIGNED**

\_\_\_\_\_