FORM 2
HEALTH CARE PLAN AND EMERGENCY INFORMATION

THIS TEMPLATE FORM SHOULD BE KEPT BY A TELEPHONE

Name of school		Child's Photo
Name of Child		
Group/class/form		
Date of birth		
Child's address		
Medical diagnosis or condition		
Date		
Review date		

FAMILY CONTACT INFORMATION

Name and relationship to child	
Telephone - work	
Telephone - home	
Telephone - mobile	

FURTHER CONTACT INFORMATION

Name and relationship to child	
Telephone - work	
Telephone - home	
Telephone - mobile	

CLINIC/HOSPITAL CONTACT/HEALTH CARE PROFESSIONAL

Name	
Telephone number	

GP

Name	
Telephone number	

Describe medical needs and give details of child's symptoms

List all medications the child is prescribed (listing the dose and time if required at school)

Daily care requirements (e.g.: before sport/at lunchtime)

Describe what constitutes an emergency for the child, and action to take if this occurs

Follow up care

Who is responsible in an emergency (state if different for off-site activities)

If required, has a Personal Emergency Evacuation Plan (PEEP) been completed and shared with all staff?

Any other information

In an emergency I give permission for this plan to be passed to medical professionals.

Form copied to	
Parent/s Signature	Date
Headteacher's Signature	Date