**HEALTH CARE PLAN FOR**

**…………………………………………..**



Onchan Primary School

Class ..…………………………………..

DOB ………….………………………….

Photo of child

Address …………………………………

Medical diagnosis or condition:

**Family Contact Information**

Name

Work No ……………… Home No ……….………… Mobile No………………………

Describe medical needs and give details of child’s symptoms:

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

Plan of action:

Signed (Parent/Carer) …………………………..

Date …………………………………………………..

Signed Class Teacher …………………………..

Date ………………………………………………….

Location of Care Plan: Medical Care Plan file, classroom, Supply file and with medication in the classroom.