

**WHARNCLIFFE SIDE SCHOOL  
HEALTH CARE PLAN FOR A PUPIL WITH TEMPRARY MEDICAL NEEDS  
2017-2018**

CHILD'S NAME: .....

DATE OF BIRTH: ..... CLASS: ..... **MALE/ FEMALE**

CONDITION; .....

Describe condition, give details of child's individual symptoms and daily care requirements: .....

.....

.....

.....

.....

.....

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

.....

.....

**CONTACT INFORMATION (list order of priority first)**

Name:..... Relationship to child: .....

Address: .....

Daytime telephone no's: .....

Name ..... Relationship to child: .....

Address: .....

Daytime telephone no's: .....

**HOSPITAL/CLINIC CONTACT:** .....

Daytime telephone no's: .....

G.P.: .....

Daytime telephone no's: .....

PARENT/CARER FILLING IN FORM: ..... DATE: .....

REVIEW DATE: .....

**IS MEDICATION REQUIRED WHILST AT SCHOOL YES / NO**

**PLEASE SEE REVERSE FOR MEDICATION DETAILS**

