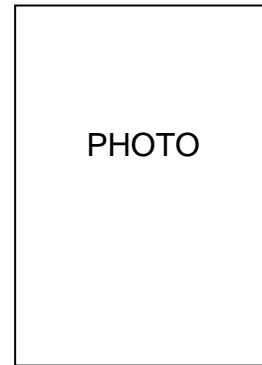


## Healthcare plan for a child with medical needs

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Date \_\_\_\_\_

Name of setting \_\_\_\_\_

Review date \_\_\_\_\_

### Contact information

#### Family contact 1

Name \_\_\_\_\_

Phone no  
(work) \_\_\_\_\_

(home) \_\_\_\_\_

(mobile) \_\_\_\_\_

#### Family contact 2

Name \_\_\_\_\_

Phone no  
(work) \_\_\_\_\_

(home) \_\_\_\_\_

(mobile) \_\_\_\_\_

Parent or legal guardian with parental  
responsibility

Parent or legal guardian with parental  
responsibility

#### Clinic/Hospital contact

Name \_\_\_\_\_

Phone no \_\_\_\_\_

#### GP

Name \_\_\_\_\_

Phone no \_\_\_\_\_

Describe condition and give details of child's individual symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Daily care requirements: (for example, before sport or at lunchtime)**

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

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**Follow up care:**

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

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**Form copied to:**

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**Signature of parent or legal guardian with parental responsibility:**

**Print name:**

**Date:**