

**FORM 1 - Healthcare Plan**

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:

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Daily care requirements: (e.g. before sport/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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