



HEALTH CARE PLAN – CHRIST CHURCH ACADEMY

Child's Name:	
Form:	
Date of Birth:	
Home Address:	

Medical diagnosis or condition(s):	
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Family Contact Information:

Name:	
Phone Number:	Work: Home: Mobile:

Name:	
Phone Number:	Work: Home: Mobile:

Clinic/Hospital Contact:

Name:	
Phone Number:	
Email:	

GP Contact:

GP Name:	
Phone Number:	
Email:	

Signature of Parents/Carers:

Parent Name:	Signature:
Date:	

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

Daily care requirements:

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

Follow up care:

Please advise the school where your child will store their inhaler: -

I confirm that my child will keep their inhaler at the school office: Yes/No

I confirm that my child will keep their inhaler with them at all times whilst in school: Yes/No

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

Form copied to:

Review Date: