

EASTRY CHURCH OF ENGLAND PRIMARY SCHOOL CARE PLAN

Name of Child: _____

DOB: _____

Photo

Class and Year Group			
Medical Diagnosis/ Condition			
Date		Review Date	
Family Contact Information 1st Contact		2nd Contact	
Emergency Contact			
G.P. Name		Phone Number	
Who is responsible for providing support in school?			
Describe medical needs and give details of child's symptoms, signs, triggers, treatments, facilities, equipment or devices etc.			
Specific support for the pupil's educational, social, and emotional needs			
Arrangements for school trips/visits etc.			
Describe what constitutes an attack?			
Describe what to do in an emergency situation.			
This plan has been developed with			
This form copied to			
Form is displayed where?			
Signed & Dated			