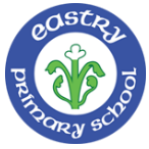


**EASTRY CHURCH OF ENGLAND PRIMARY SCHOOL CARE PLAN**

Name of Child: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

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

