**Care Plan Contextual Information**

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| --- | --- | --- |
| Child’s Name: |  | **Photo** |
| Group/class/form: |  |
| Date of birth: |  |
| Child’s address: |  |
| Medical diagnosis/condition: |  |
| Date: |  |
| Review date (Year 1): |  |
| Review date (Year 2): |  |
| **Parent / Carer Contact details** |
| Parent/Carer 1: |  |
| Phone No. (Work): |  |
| Phone No. (Home): |  |
| Mobile No : |  |
| Relationship to child: |  |
| Parent/Carer 2: |  |
| Phone No. (Work): |  |
| Phone No. (Home): |  |
| Mobile No.: |  |
| Relationship to child: |  |
| **Clinic/Hospital Contact** |
| Name: |  |
| Phone No: |  |
| **General Practitioner (GP)** |
| Name: |  |
| Phone No: |  |
| Who is responsible for providing support in school |  |
| **Type(s) of Plan Required** |
| Health & Medical (medical condition(s), other than asthma and an allergy) [ ]  Prescribed Medication [ ]  Intimate Care [ ]  Allergy Action Plan [ ]  Asthma [ ]  |