

Turnfurlong Infant School Health Care Plan (Medical Form 2)



Child's name	
Class	
Date of birth	/ /
Child's address	
Medical diagnosis or condition	
Date	/ /
Review date	/ /
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	

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Health Care Plan
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Describe medical needs and give details of child's symptoms

Daily care requirements (*e.g. before sport/at lunchtime*)

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

Follow up care

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

Trained First Aider

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Signed: _____ Date: _____