



HEALTH CARE PLAN

Pupil with specific medical needs

Child's Name.....

Class.....

Date of Birth.....

Details of medical condition including symptoms

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Please outline any daily care requirements that are necessary with this particular medical condition.....

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Describe what would constitute an emergency for this pupil and what action to take if such a situation occurs.....

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Please provide any further information you feel may be relevant to your child and their wellbeing at school.....

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Signed..... Print.....

Date.....