

**APPENDIX THREE**

**HEALTH CARE PLAN**

(Insert a photograph)

SCHOOL .....

Young person's name .....

Date of birth .....Group/class/form .....

Young person's address .....  
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.....

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. ....

Describe needs and give details of young person's symptoms.

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Medicines to be kept in .....

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

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

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Follow up care.

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

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Form copied to:

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