

## INDIVIDUAL HEALTH CARE PLAN

<b>Child's name:</b>	<b>Date of birth:</b>
<b>Insert photo</b>	<b>Days of attendance:</b>  Monday Tuesday Wednesday Thursday Friday
<b>Medical condition or allergies:</b>	
<b>These are my symptoms:</b>	
<b>This is how I need you to help me every day:</b>	
<b>In an emergency this is what might happen:</b>	
<b>If this happens I need you to:</b>	
<b>If you need to phone an ambulance please say:</b>	
<b>Afterwards I need you to:</b>	
<b>Please phone</b> Name: Relationship to me: Number:	<b>Or please phone</b> Name: Relationship to me: Number:
<b>My Doctor is</b> Name: Surgery: Number:	<b>My hospital contact is</b> Name: Hospital: Number:
<b>Signature of parent/carer:</b>	<b>Date of plan:</b>
<b>Signature of manager:</b>	<b>Date plan to be reviewed:</b>

