**Form 2A**

**Pupil Health Care Plan (General)**

***(This should be reviewed regularly)***

CORPORATE HEALTH & SAFETY | VERSION 4.05 | June 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School/Setting Information** |  | | | | |
| **Name of school/setting** |  | | | | |
| **Child’s name** |  | | | | |
| **Group/class/form** |  | | | | |
| **Date of birth** |  |  |  |  | |
| **Child’s address** |  | | | | |
| **Medical diagnosis or condition** |  | | | | |
| **D****ate** |  |  |  | |  |
| **R****eview date** |  |  |  | |  |

|  |  |
| --- | --- |
| **Family Contact Information** |  |
| **Name** |  |
| **Phone no. (work)** |  |
| **(home)** |  |
| **(mobile)** |  |
|  |  |
| **Name** |  |
| **Phone no. (work)** |  |
| **(home)** |  |
| **(mobile)** |  |

|  |  |
| --- | --- |
| **Clinic/Hospital Contact** |  |
| **N****ame** |  |
| **Phone no.** |  |

|  |  |
| --- | --- |
| **G.P. Information** |  |
| **Name** |  |
| **Phone no.** |  |

**FORM 2A Pupil Health Care Plan (General) (Continued)**

|  |  |
| --- | --- |
| **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)** |  |
|  |  |
| **Form copied to** |  |