**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.** |       |

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

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

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