**CARE PLAN**

|  |  |
| --- | --- |
| *School* | Park Hall Junior Academy |
| *Pupil name* |  |
| *Class* |  |
| *Date of birth* |  |
| *Address* |  |
| *Medical diagnosis or condition* |  |
| *Date* |  |

**Family contact information:**

|  |  |
| --- | --- |
| *Name* |  |
| *Relationship to child* |  |
| *Phone number (Work)* |  |
| *Phone number (Home)* |  |
| *Phone number (Mobile)* |  |

|  |  |
| --- | --- |
| *Name* |  |
| *Relationship to child* |  |
| *Phone number (Work)* |  |
| *Phone number (Home)* |  |
| *Phone number (Mobile)* |  |

**Clinic / Hospital contact:**

|  |  |
| --- | --- |
| *Name* |  |
| *Phone number* |  |

**GP contact:**

|  |  |
| --- | --- |
| *Name* |  |
| *Phone number* |  |

**Describe medical needs:**

|  |  |
| --- | --- |
| *Symptoms* |  |
| *Triggers* |  |
| *Signs* |  |
| *Treatments* |  |
| *Equipment or devices* |  |
| *Environmental issues* |  |
| *Any other additional information* |  |

**Medication information and details:**

|  |  |
| --- | --- |
| *Name of medication* |  |
| *Dose* |  |
| *Method of administration* |  |
| *When to be taken* |  |
| *Side effects* |  |
| *Administered by* |  |

**Daily care requirements:**

|  |
| --- |
|  |

**Specific support for the pupil’s educational, social and emotional needs:**

|  |
| --- |
|  |

**Arrangements for school visits/trips etc**

|  |
| --- |
|  |

**Other information:**

|  |
| --- |
|  |

**Describe what constitutes an emergency, and the action to take if this occurs:**

|  |
| --- |
|  |

**Plan developed with:**

|  |  |  |
| --- | --- | --- |
|  | Signed: | Date: |
| *Parent* |  |  |
| *School* |  |  |

|  |  |
| --- | --- |
| *Who is responsible for providing support in school* | As policy |
| *Staff training needed/undertaken – who, what, when* |  |
| *Date of review* |  |