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| --- | --- |
| **FORM MP2****PUPIL’S HEALTH CARE PLAN** | School Crest |

|  |  |
| --- | --- |
| Child’s Name: |  |
| Form Class: |  |
| Date of Birth: |  |
| Child’s Address: |  |
|  |  |
| Medical diagnosis or condition: |  |
| Date: |  |
| Review Date: |  |

**Family Contact Information**

|  |  |
| --- | --- |
| Name: |  |
| Phone Number (Work): |  |
| Phone Number (Home): |  |
| Phone Number (Mobile): |  |

|  |  |
| --- | --- |
| Name: |  |
| Phone Number (Work): |  |
| Phone Number (Home): |  |
| Phone Number (Mobile): |  |

**Clinic/Hospital Contact**

|  |  |
| --- | --- |
| Name: |  |
| Phone Number: |  |

**G.P.**

|  |  |
| --- | --- |
| Name: |  |
| Phone Number: |  |

**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**

|  |
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