



John Colet School

www.johncolet.co.uk

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Healthcare Plan

Child's name: _____

Tutor Group: _____

Date of Birth: _____

Child's Address: (Please state who child lives with)

Medical Diagnosis or Condition: _____

Date: _____

Review date: _____

Contact Information

Family contact 1

Name: _____

Phone No. (work): _____

(home): _____

(mobile): _____

Family contact 2

Name: _____

Phone No. (work): _____

(home): _____

(mobile): _____

Clinic/Hospital contact

Name: _____ Phone No: _____

GP

Name: _____ Phone No: _____

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. regular medication, 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:

Signature of Parent/Carer:.....Date:.....

John Colet Signature:.....Date:.....