



### Individual 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:

Name of medication, dose, method of administration, when to be taken, side effects, contra-  
indications, administered by/self-administered with/without supervision:

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:

Other information:

Who is responsible in an Emergency: (State if different for off-site activities)

Name of Parent/Carer:.....

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

Name of John Colet Signature: .....

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