

Health care/Emergency Plan



Contact details

Child's Name: _____

Home Address: _____

Date of Birth: _____

Next of Kin: _____

Contact Numbers: Home: _____ Mobile: _____

GP Name and Address: _____

Contact Numbers: _____

Hospital Contacts: _____

Description of Medical Condition:

Description of Signs and Symptoms:

Daily treatment/medication needs in school

Describe what is an emergency for the pupil

Describe actions should this emergency occur:

If: shows the following signs and symptoms:

a) _____

b) _____

c) _____

When this is an emergency then the following action should be taken:

For example:

**If a) and b) Call an ambulance
 Then call parents
 Then call the community nurse**

Or c) Call parents / community nurse to assess

Who is responsible in an emergency at school (state if different off-site):

Plan copied to: Parents Yes/No
 Headteacher/class teacher Yes/No
 Community Nurse Yes/No
 Other specialist nurse Yes/No

Parent and School Agreement

To the best of our knowledge the above information is correct. The staff, in agreement, will do their best to

support and care for’s medical and emergency needs.

Parents signature: _____ Date: _____

School staff signature: _____ Date: _____

Head teacher’s signature: _____ Date: _____

Nurse’s signature: _____ Date: _____

(to confirm advice and training has been provided to school)