



Health Care Plan

Student's personal details

First Name: Surname:

Date of Birth: Age: Tutor Group: Year:

Address:

.....
.....
..... Postcode:

Contact information

First Contact: Relationship to student:

Home: Work: Mobile:

Second Contact: Relationship to Student:

Home: Work: Mobile:

GP details

Name:

Address:

Postcode: Telephone Number:

Specialist contact details

Name: Department:.....

Address:

Postcode: Telephone Number:

Describe medical condition and give details of symptoms

.....
.....
.....
.....



CROOKHORN COLLEGE

Daily care requirements (e.g. before sport/at lunchtime)

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.....
.....

Describe what constitutes an emergency and the action to be taken if this occurs:

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.....
.....

Regular medication taken during college hours

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.....

Any other information relating health care in College

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.....
.....

Parental Agreement

I can confirm that I have parental responsibility for..... and agree that the medical information contained in this plan may be shared with individuals involved with my child’s care and education (this includes the school nursing team and emergency services). **I understand and accept that it is my responsibility to update the College, in writing, should there be any changes to the medical information about my child during the course of the academic year so this Health Care Plan can be amended.**

Signed: Parent/Guardian

Print Name: Relationship to student:

Date:

Health Care Plans will be reviewed annually at the beginning of each academic year unless there is a change to the student’s medical information.