HEALTH CARE PLAN

ASPIN PARK ACADEMY

Child's Name:	
Class:	
Date of Birth:	
Child's Address:	
Medical Diagnosis or Condition	

CONTACT INFORMATION		
CONTACT ONE	Name	
	Tel (work)	
	Tel (home)	
	Tel (mobile)	
CONTACT TWO	Name	
	Tel (work)	
	Tel (home)	
	Tel (mobile)	
	Clinic/Hospital name	
	GP name	
	Tel	

Describe medical needs and give details of child's symptoms		
Medication required and dosage		
In school, we hold **emergency** inhalers and autoinjectors. These are only for use in an emergency situation such as an inhaler running out. We would always endeavour to use a child's personal medication first.	If your child is asthmatic, do you consent for the use of the school's inhaler in the event of an emergency? YES / NO	
	If you child has a severe allergy which is treated with an autoinjector, do you consent for the use of the school's autoinjector in the event of an emergency? YES / NO	
Is an intimate care plan required?	YES / NO	
Daily care requirements (e.g. before sport / lunchtime)		
Describe what constitutes an emergency for the child, and the action to take if this occurs		
Review date	September 2026	
Parent or carer's signature		Date:
School signature		Date: