
Healthcare Plan

Name: _____

Date of birth: _____

Does your child suffer with a condition that requires medication? If yes, please list below: _____

Does your child suffer with another condition that we should be aware of? If yes, please list below: _____

State personal identification used if relevant: e.g. card, pendant, bracelet. _____

Emergency contact 1

Name: _____

Home No. _____

Work No. _____

Mobile No. _____

Emergency contact 2

Name: _____

Home No. _____

Work No. _____

Mobile No. _____

GP Contact

Name: _____

Phone No: _____

Hospital Contact

Name: _____

Phone No: _____

St Joseph's Park, Kenilworth, Warwickshire CV8 2FT. Telephone: 01926 514444 email: post@crackleyhall.co.uk
crackleyhall.co.uk

Details of pupil's condition

Please give details on the type of condition(s) that your child suffers:

Are there any sports activities you do not wish your child to participate in?

Describe what constitutes an emergency for your child and the action to take if this occurs:

If there are additional notes or information from your Healthcare Practitioner, please attach to this form and return to the School Office.

Please provide information on current medication prescribed by the GP

(Please use the reverse of this sheet if your child has been prescribed more than two types of medication)

Name of Medication:
(as described on the container)

Name of Medication:
(as described on the container)

Dosage:

Dosage:

When is it taken:

When is it taken:

Are there any side effects the School should be aware of?

Are there any side effects the School should be aware of?

Shared Information

I understand and agree the information in this form will be shared with staff and in an emergency situation will be given to other health professionals.

I also understand that this form will be kept in my child's personal file at school.

Parental signature: _____ Date: _____

Please print your name: _____