

INDIVIDUAL HEALTHCARE PLAN

Child's Name	
Child's Class	
Date of Birth	
Home Address	
Medical Diagnosis/Condition	
Description of mild symptoms and actions to be taken	
Description of severe symptoms and actions to be taken (an ambulance will be called in the event of severe symptoms)	

Family Contact Information

Contact 1. Parent/Carer Name	
Relationship to Child	
Phone Number	

Contact 2. Parent/Carer Name	
Relationship to Child	
Phone Number	

Hospital/GP Contact Information

Hospital Contact if applicable	
Phone Number	

GP/Doctor	
Phone Number	

