



**Care Plan 2015-16**

Name:

Date of Birth:

Form Group:

Date of plan:

Review Date (plan MUST be reviewed annually):

**Contact Information**

Name:

Telephone Numbers:

Relationship:

Hospital Contact:

GP:

GP Telephone Number:

Medical Condition:

Daily Care Requirements:

Signs, Symptoms & Triggers:

Initial actions to be taken including any medication:

Describe what constitutes as an emergency:

Further actions to be taken in case of an emergency, including any medication:

Instructions on how to administer emergency medication:

Arrangements needed for school trips:

Any other information:

I agree that the Care Plan is up to date and accurate. I understand that the school is not obliged to administer medication and that the school will not be held responsible for any adverse conditions that my child may develop as a result of this medication being administered..

Signature:

Date: