



Brentside High School

Learning and Achieving Together

Individual Healthcare Plan

General

Name Of Pupil

Date Of Birth

Photo of Pupil

Name and Contact Details of Parent/Guardian

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor

Name:

Hospital:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian:

Date:

Print Name:

Health Care Plan Review Date:

Pupil's Name:

DIAGNOSIS:

Health Care Needs In School

Response To Symptoms :

Emergency Action:

Health Care Plan Completed By:

Designation:

Date: