

**Proforma 2  
NUMBER:**

**PLAN**

**Wrighton Church of England Primary School**  
**HEALTH CARE PLAN FOR A PUPIL WITH MEDICAL**  
**NEEDS**

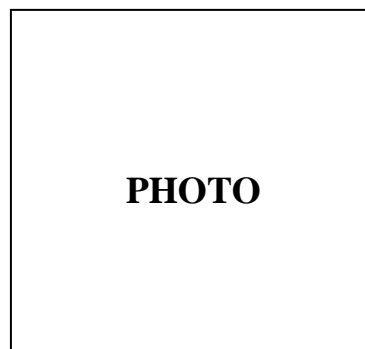
Name:

Date of Birth:

Condition:

Class/Form:

Name of School



Date:

Review Date:

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**CONTACT INFORMATION**

**Family contact 1**

Name:

Phone No. (work):  
(home):

Relationship:

**Family contact 2**

Name:

Phone No. (work):  
(home):

Relationship:

**Clinic/Hospital contact**

Name:

Phone No:

**GP**

Name:

Phone No:

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Describe condition and give details of pupil's individual symptoms:

Daily care requirements: (eg. before sport, at lunchtime etc.)

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Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

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Follow up care:

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Who is responsible in an Emergency: (state if different for off site activities)

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Form copied to:

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**NOTE:**

Please be aware of the confidential nature of this information, be discreet and **DO** get permission from the parent or guardian prior to copying information or exhibiting photo's in medical rooms etc.