



Individual treatment plan for a student with a medical condition

Childs name

Date of birth

 / /

Tutor Group

Childs Address

Photograph of student

Medical diagnosis or condition

Family Contact Information – First Contact

Name

Phone Number (work)

(home)

(mobile)

(email address)

Family Contact Information – Second Contact

Name

Phone Number (work)

(home)

(mobile)

Clinic/Hospital Contact if required

Name

Phone Number

General Practitioner (G.P.)

Name

Phone Number

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

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

Parent/Guardian
Signed:

Date: