



## Personal Care Plan

Name:

Date of Birth:

Name of School:

Class:

MEDICAL CONDITION:

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### CONTACT INFORMATION

Family Contact (1):

Tel No (Mob):

Tel No (Home):

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Family Contact (2):

Tel No (Mob):

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**Hospital Contact:**

**G.P. Surgery**

Name:

Name :

Tel No:

Tel No:

Describe Condition and give details of individual symptoms:

Treatment:

**Designated Persons:**

In SCHOOL **DO NOT ALLOW** the following:

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Care in an **emergency:**

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Special requests from parent:

Date of meeting:	Review date: .....
Parents/carers signature: .....	Date: .....
Print Name: .....	
Teacher/TA Signature: .....	Date: .....
Print Name: .....	
Headteacher's Signature: .....	Date: .....
Print Name: .....	