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**Stokenchurch Primary School**  
 George Road  
 Stokenchurch  
 Buckinghamshire HP14 3RN

Headteacher: Mr Nick Stevens



## HEALTHCARE PLAN

Name: .....

Date of Birth: .....

Address: .....

.....

Medical Diagnosis or Condition: .....

Date: .....

Review Date: .....

Family contact 1		Family contact 2	
Name:		Name:	
Mobile No:		Mobile No:	
Home No:		Home No:	
Work No:		Work No:	

Clinic/Hospital contact		GP	
Name:		Name:	
Tel No:		Tel No:	

HAPPY VALUED CURIOUS AMBITIOUS TOLERANT RESPECTFUL CONFIDENT  
 CONSIDERATE INDEPENDENT RESILIENT ENTHUSIASTIC SUCCESSFUL

Describe medical needs and give details of symptoms: .....

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Daily care requirements

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Describe what constitutes an emergency, 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: .....

Signed ..... Date.....