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 Registered: England and Wales

Healthcare plan for students with medical conditions

(You need only fill this form in if your child has a medical condition)

Name of school/setting:	The Royal Latin School
Date:	
Child's name:	
Form:	
Address:	
Medical diagnosis/condition:	
Review date:	

Family contact 1:		Family contact 2:	
Name:		Name:	
Work:		Work:	
Home:		Home:	
Mobile:		Mobile:	

Clinic/Hospital contact:		GP contact:	
Name:		Name:	
Phone no.		Phone no.	

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Describe medical needs and give details of child's symptoms:

Daily care requirements : (eg before sport/at lunchtime)

Describe what constitutes an emergency for the child and the action to be taken if this occurs:

Follow up care:

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

Signature of parent:

Date:

Form copied to:

(Medical Form 2)