

## PERSONAL CARE PLAN 2021/22

This care plan must be reviewed annually or after any changes to medication or diagnosis

<b>STUDENT NAME</b>			
<b>DATE OF BIRTH</b>		<b>TUTOR GROUP</b>	
<b>HOME ADDRESS</b>			
<b>MEDICAL CONDITION(s)</b> Summary only. Full details to be given on page 2.		<b>STUDENT PHOTOGRAPH</b>	

<b>EMERGENCY CONTACT INFORMATION</b>	<b>CONTACT 1</b> (Please ensure this person is listed as a contact on the school system)
NAME	
RELATIONSHIP	
Home telephone number	
Mobile telephone number	
Work telephone number	

<b>EMERGENCY CONTACT INFORMATION</b>	<b>CONTACT 2</b> (Please ensure this person is listed as a contact on the school system)
NAME	
RELATIONSHIP	
Home telephone number	
Mobile telephone number	
Work telephone number	

<b>MEDICAL CONTACT INFORMATION</b>	
GP NAME	
GP Surgery telephone number	
HOSPITAL CONTACT	
Hospital contact telephone number	

<b>MEDICAL CONDITION 1 - Please describe EACH medical condition and give details of individual symptoms and treatment:</b>	
CONDITION	
SYMPTOMS	
TREATMENT AND CARE REQUIRED	

<b>MEDICAL CONDITION 2 - Please describe EACH medical condition and give details of individual symptoms and treatment:</b>	
CONDITION	
SYMPTOMS	
TREATMENT AND CARE REQUIRED	

**MEDICAL CONDITION 3 - Please describe EACH medical condition and give details of individual symptoms and treatment:**

CONDITION	
SYMPTOMS	
TREATMENT AND CARE REQUIRED	

**MEDICAL CONDITION 4 - Please describe EACH medical condition and give details of individual symptoms and treatment:**

CONDITION	
SYMPTOMS	
TREATMENT AND CARE REQUIRED	

**OTHER INFORMATION OR SPECIAL REQUESTS FROM PARENT/CARER**

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SIGNATURE OF PARENT/CARER

DATE FORM COMPLETED


