

PERSONAL CARE PLAN 2021/22

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

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

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

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

MEDICAL CONTACT INFORMATION	
GP NAME	
GP Surgery telephone number	
HOSPITAL CONTACT	
Hospital contact telephone number	

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

MEDICAL CONDITION 2 - Please describe EACH medical condition and give details of individual symptoms and treatment:	
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

