



Healthcare Plan Form for Norbury Manor

Child's name _____ Form group _____

Date of birth _____

Child's address _____

Medical diagnosis or condition _____

Family Contact Information (in order of preference)

Name _____ Relationship to child _____

Phone number (work) _____

Phone number (home) _____

Phone number (mobile) _____

Name _____ Relationship to child _____

Phone number (work) _____

Phone number (home) _____

Phone number (mobile) _____

Clinic/Hospital Contact

Name _____

Phone number _____

G.P.

Name _____

Phone number _____



Describe medical needs and give details of child's symptoms, triggers, signs

etc _____

Daily care requirements (e.g. before sport/at lunchtime):

Arrangements for college visits/trips:

Describe what constitutes an emergency for the child, and the action to take if this occurs: _____

Follow up care: if we have to administer medication in the event of an emergency do we then have to phone the hospital/ambulance/home?

List any medications the child is taking

Parent/Carer Signature _____ Date _____

If the child needs to take medication at school please complete a *Parental agreement for school to administer medicine*, one per medication.

For NMBEC Use only tick what applies

Form sent to HOY

Student has EHCP

Extra support needed for trips

Passport updated

SIMS updated