



DANDELION EDUCATION LIMITED

HEALTH CARE PLAN

Name of school/setting	Eaton / Aylsham
Child's name	
Date of birth	/ /
Child's address	
Medical diagnosis or condition	
Confirmation of allergy / medical condition evidenced	*Please attach evidence document of allergy or condition when returning this form*
Date	/ /
Review date	/ /

Family contact information

Name	
Phone number (work)	
Phone number (home)	
Phone number (mobile)	
Name	
Phone number (work)	
Phone number (home)	
Phone number (mobile)	

Clinic/hospital contact

Name	
Number	



Name	
Number	

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before lunchtime)

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

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

Form copied to:

