

Blessed Robert Sutton
Catholic Voluntary Academy
(Part of St Ralph Sherwin Catholic Multi Academy Trust)

**Health Care Plan**

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| **Name of Student:** *Click or tap here to enter text.* | **Date of Birth:** *Click or tap here to enter text.* |
| **Parent/Carers Contact Telephone Numbers:** *Primary Contact -**Click or tap here to enter text.**Secondary Contact -**Click or tap here to enter text.* |

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| **GP:** *Click or tap here to enter text.* |
| **Review Date:** *Click or tap to enter a date.* |

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| **Medical Condition:** *Click or tap here to enter text.* |
| **Signs and Symptoms:** *Click or tap here to enter text.* |

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| **Medication: *(Include type, dosage & frequency if applicable)****Click or tap here to enter text.* |

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| **Special Concessions and Requirements: *(PE / Trips / Cookery etc…)****Click or tap here to enter text.* |

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| **Signed (*Parent/Carer*):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date:** *Click or tap to enter a date.***N.B. IT IS THE RESPONSIBILITY OF THE PARENT/CARER** **TO KEEP US INFORMED OF ANY CHANGES** |

**For Office Use only: Checked, SIMS & Filed - First Aider Initials:
Checked by**