

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**