

Tring School Healthcare Plan



Please complete the Healthcare Plan if **your child has a medical condition that may affect their attendance or health in school.**

This will be used to ensure that your child is safe and supported in school with regards to their medical condition and will be updated annually. If we do not receive the Healthcare Plan back, we will assume that your child does not have a medical condition that requires one.

Student name:	
Date of Birth:	
Condition:	
Date: <i>(Date HCP information recorded / last updated)</i>	
Review Date:	

Describe how the condition affects the child:
What support is needed in school for the child (including around school and in lessons):
Describe what constitutes an emergency for the student and the action staff present are to take if this occurs:
It is the parent's responsibility to provide relevant medication for their child's condition, as stated on the Health Care Plan, for any trip or visit

Clinical / Hospital contact	
Name:	
Phone number:	
GP	
Name:	
Phone number:	