



Charlton Kings Junior School

Health Care Plan

Child's Name	
Class	
DOB	
Date form completed	

Detailed and specific description of allergy/medical requirements: (If a detailed medical approach is required, please outline on a separate sheet).

Details of previous incidents including dates and frequency:

- 1.
- 2.
- 3.
- 4.

Substances to avoid:

Specific considerations required at lunchtime or other times of the day (eg. own eating space ..)



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Emergency Contact Information			
Family member 1:		Family member 2:	
Name		Name	
Phone numbers:		Phone numbers:	
Mobile		Mobile	
Work		Work	
Home		Home	
Relationship		Relationship	

Detailed list of actions required in the event of a reaction or medical emergency: <i>(Please list clearly and sequentially and continue on a separate sheet if required)</i>
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I confirm that my child has previously been administered this medication(s) and has never suffered any adverse reaction.

Name of medicine	Signed: (parent/carer)

I agree that this information will be shared, as necessary, with staff of the school and with other relevant medical professional in the creation of a health care plan where required:

Signed: _____ (parent/carer)