



**EWELL CASTLE SCHOOL**  
**Individual Pupil Healthcare Plan**

Pupil's name \_\_\_\_\_

Form \_\_\_\_\_

Date of Birth \_\_\_\_\_

Medical Diagnosis or Condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**CONTACT INFORMATION**

**Family contact 1**

**Family contact 2**

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

**Clinic/Hospital contact**

**GP**

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Describe medical needs and give details of child's symptoms:

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

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Follow up care:

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Parent/Guardian's signature \_\_\_\_\_

Parent/Guardian's name (please print) \_\_\_\_\_

Date \_\_\_\_\_