



Joseph Swan Academy

Managing Medication Care Plan Form



Child's Name:	
Tutor Group:	
Date of Birth:	
Child's Address:	
Medical diagnosis or condition:	
Date:	
Review Date:	

Family Contact Information

Name:	
Telephone Number (work):	
Home:	
Mobile:	
Name:	
Telephone Number (work):	
Home:	
Mobile:	

Clinic/Hospital Contact

Name:	
Telephone Number:	

GP

Name:	
Telephone Number:	

Describe medical needs and give details of child's symptoms

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Daily care requirements (eg before sport/at lunchtime)

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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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Who is responsible in an emergency (state if different for off-site activities)

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Parent/Carers signature:		Date	
Print Name:			