



Vaughan Primary School
The Gardens
West Harrow
HA1 4EL

Telephone
020 8427 7222
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Headteacher
Mrs Karen Jones

Individual Healthcare Plan

General

Photo of Pupil

Name of Pupil

Date of Birth

Name and Contact Details of Parent/Guardian

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor

Name:

Hospital:

Phone No:



I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian

Date

Print Name

Health Care Plan Review Date:

Pupil's Name _____

DIAGNOSIS: *(To be added)*

Health Care Needs In School

-
-
-

(Healthcare needs can be added)

Response To Symptoms

-
-
-

Emergency Action

-
-
- Contact Parent regarding medical intervention

Health Care Plan Completed By:

Designation:

Date: