

**CARSHALTON BOYS SPORTS COLLEGE**

**CARE PLAN FOR A PUPIL WITH MEDICAL NEEDS – 2016/2017**

Name: \_\_\_\_\_

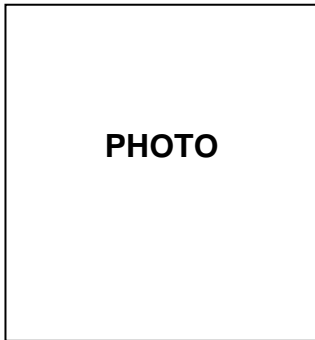
Date of Birth: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

\_\_\_\_\_

Tutor Group: \_\_\_\_\_

Date: \_\_\_\_\_



**CONTACT INFORMATION**

**Family Contact 1**

Name: \_\_\_\_\_

Phone No (work): \_\_\_\_\_

(home): \_\_\_\_\_

Relationship: \_\_\_\_\_

**Family Contact 2**

Name: \_\_\_\_\_

Phone No (work): \_\_\_\_\_

(home): \_\_\_\_\_

Relationship: \_\_\_\_\_

**Clinic/Hospital contact**

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

**GP**

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

**Describe the condition and give details of pupils' individual symptoms:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Daily care requirement: e.g. before sport/at lunchtime**

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**Describe what constitutes an emergency for the pupil, 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?**

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Form copied to: Class Teachers

**First Aiders**

JANE MURRIHY  
JO JARVIS  
MICHELLE SPELMAN  
HAYLEY WOOD  
DOMINIC BROCKHOUSE  
JOE CUTRESS  
DANNY DUDLEY  
BRENDAN EARLEY  
KATIE ELPHICK  
BEN HOWARD  
PAUL LAMBERT  
BEVERLEY ROSE