**Healthcare Plan:**

**Date:**

|  |
| --- |
| **PHOTO** |

**Childs name:**

**Date of birth:**

**Child’s Address:**

**Class:**

**Medical Condition:**

**Date form completed:**

**FAMLY CONTACT INFORMATION**

**Family contact 1**: **Family contact 2**:

Name: Name:

Phone no: Phone no:

Relationship: Relationship:

**Emergency contact in absence of parents :**

**HEALTH PROFESSIONALS INVOLVED IN CHILD’S CARE**

**Clinic/ hospital contact**:

**GP** :

**Medical needs and any details of any symptoms:**

**Daily care requirements:**

**SPORT/PHYSICAL ACTIVITIES**

**Action to be taken in an emergency:**