



	NAME:	
	MEDICAL DIAGNOSIS	
	DOB:	
	Class:	
	Address:	

FAMILY CONTACT INFORMATION:		Phone:	Mobile:	Work :
MUM				
DAD				
OTHER				

HOSPITAL CONTACT		Phone:
FAMILY GP		Phone:

The symptoms are :	Action to be taken

Additional Notes :

Declaration
<p>This care plan was drawn up by Mrs S Hardaker and parents in</p> <p>I agree to the above Care plan.</p> <p>I agree that St Andrew's Church of England (VA) Infant School will not be held responsible as long as the above stated procedures have been followed.</p>

Parent:	Date:
Head of School:	Date