



Godalming Junior School

MEDICAL CARE PLAN

ONLY COMPLETE IF YOUR CHILD HAS AN ONGOING MEDICAL CONDITION
REQUIRING REGULAR TREATMENT

To cover the Autumn/Spring/Summer* Term (*Please delete as applicable)

Name: _____ DOB: _____

Current Year/Class: _____

Description of child's medical condition (e.g. Asthma)

.....
.....

His/her usual symptoms are:

Medication required.....

Details of doses

Other information which may be helpful

.....
.....
.....

In case of an emergency inform the contact numbers in order of priority

Contact No 1

Contact No 2

Name:

Name:

Telephone No:

Telephone No:

Relationship:

Relationship:

- This information is correct at the time of signing.
- I undertake to notify the school of any change in the information given.
- I undertake to ensure that adequate supplies of up to date medication are available in school.

Signed..... (Parent/Guardian) Date