



ASKERN LITTLEMOOR

Child's Health Care Plan

Child's Name		School photo
Date of Birth		
Address		
Medical diagnosis or condition		
Date:		

Family Contact Information

Parent / Carer name	
Phone Numbers	<i>Please tick the number below that is your preferred contact</i>
Home	
Mobile	
Work	
Second Emergency Contact	
Name (and relationship to child)	
Phone Numbers	
Home	
Mobile	
Work	

GP Details

Name of GP and Practice	
Phone Number	

Clinic / Hospital Contact – SALT, OT & Ophthalmology

Name of Consultant	
Phone Number	

Parents/Carers Please remember it is your responsibility to:

- Tell School about any changes in your child's health needs, including medication
- Ensure that your child has their relevant medication in school with them and that it is clearly labelled with their name
- Ensure that your child's medication has NOT expired


Carol Ann Turner Executive Headteacher

Charlotte Leigh Head of School

Alfred Road, Askern, Doncaster, DN6 0PZ

Tel: 01302 701353

Email: admin@askernlittlemoor.doncaster.sch.uk www.askernlittlemoor.com

 @littlemoorAcad

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Describe medical needs and give details of child's symptoms.

What are your child's daily care requirements?

Describe what constitutes an emergency for the child and the action to take if this occurs


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Copies to:

School Office ☐ **Classroom** ☐ **Staff Noticeboard** ☐ **Home** ☐

I have read and agree with the contents of the Healthcare plan:

Signed	
Date	