



# Davenant Foundation School Healthcare Plan

CHILD'S NAME: .....

YEAR / FORM: .....

If your child has been diagnosed by a doctor with an **ongoing medical condition** which requires medication or possible treatment (including conditions such as Asthma, Diabetes Type 1, severe Migraines and Allergies requiring Epi-pens etc), FULLY complete the Healthcare Plan and supply a passport-sized photo of your child.

MEDICAL DIAGNOSIS/ CONDITION (Specify main condition/ diagnosis first)	APPROX DATE OF DIAGNOSIS	REVIEW DATE (IF APPLICABLE)	DESCRIBE MEDICAL NEEDS AND GIVE DETAILS OF CHILD'S SYMPTOMS	POSSIBLE DAILY CARE REQUIREMENTS AT SCHOOL (IF APPLICABLE)	WHAT CONSTITUTES AN EMERGENCY FOR THE CHILD; POSSIBLE ACTION TO TAKE IF THIS OCCURS	POSSIBLE FOLLOW UP CARE (IF APPLICABLE)

I have provided details of my child's medical diagnosis/condition. Our Medical Officer will contact you for further information.

My child has NO medical problems or conditions.

Parent/Carer Signature:

Date: