



Individual Care Plan

<b>Name of Child:</b>			<i>photo</i>
<b>Class:</b>			
<b>DOB:</b>			
<b>Reason for Care Plan:</b>			
<b>Emergency Contact Numbers:</b>	1. 2. 3.		
<b>Created by:</b>			
<b>Background Information / Area of Concern:</b>			
<b>Symptoms of Condition:</b>			
<b>Medication (if applicable):</b>			
<b>Action During an Episode:</b>			
<b>Day-to-Day Care:</b>			
<b>Staff Involved:</b>		<b>Review Date:</b>	
<i>To be shared with all staff (copy to be kept in classroom, staffroom and in office; copy to be given with verbal briefing to all adults with responsibility for the child)</i>			

Signed: .....  
Parent/Guardian

Date: .....

Signed: .....  
Head Teacher

Date: .....