IVANHEAD**Ivanhoe College**

**A Specialist Technology Academy**

***Ivanhoe Healthcare Plan for Pupils with Medical Needs***

If your child has a medical condition, please complete this form and return it to Ivanhoe College with their Pupil Admission Form.

Name……………………………………………… Form…………….

Year………..

Address…………………………………………………………………….

Date of Birth………………………..

Condition…………………………………………………………………...

Date………………………..

***CONTACT INFORMATION***

|  |  |
| --- | --- |
| Family Contact 1  Name…………………………………..  Phone No.(daytime)………………….  Phone No.(home)…………………….  Relationship………………………….. | Family Contact 2  Name……………………………………  Phone No.(daytime)…………………..  Phone No.(home)……………………..  Relationship…………………………… |

**Pupil Name**…………………………………….

|  |  |
| --- | --- |
| Clinic/Hospital Contact  Clinic/Hospital……………………….  Dr. Name…………………………….  Phone No……………………………. | GP Contact  GP Surgery………………………....  Dr. Name……………………………  Phone No…………………………… |

Describe condition and give details of pupil’s individual symptoms:

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Daily care requirements:……………………………………………………….

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Describe what constitutes an emergency for the pupil and the action to be taken if this occurs:

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Additional information re: parent/carers and of relevant child/young person’s wishes regarding their care:

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Signed …………………………………………..