

**Medical Care Plan  
Jeavons Wood School**

<b>Child's Name</b>	
D.O.B.	
Address	
Name of Parents	
<b>Contact Tel. numbers</b>	
Emergency contact/number (in absence of parents)	
Doctor/Consultant	
<b>Medical condition</b>	
<b>Key facts</b>	
<b>Medication prescribed and treatment regime</b>	
<b>Steps to be taken in an emergency</b>	
Details of any equipment required	
Procedures for administering medication or treatment	
Where medication stored	
<b>Signature of parent</b>	
<b>Signature on behalf of the school</b>	
<b>Review date</b>	

**Note: All medicines must be provided in the original container with a pharmacy label to show the child's name and prescribed dosage.**