



Individual Care Plan

Name of Child:			<i>photo</i>
Class:			
DOB:			
Reason for Care Plan:			
Emergency Contact Numbers:	1. 2. 3.		
Created by:		Date Received:	
Background Information / Area of Concern:			
Symptoms of Condition:			
Medication (if applicable):			
Action During an Episode:			
Day-to-Day Care:			
Staff Involved:		Review Date:	
<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: