Health Plan

Name:....



| Medical need | |
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| Medical need | |
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| Details on any modication | |
| Details on any medication | |
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| Emergency contact details and | |
| relationship to child | |
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| Management of your child's | |
| medical need in school time | |
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| Any other details | |
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Dependent on need, this will either form your child's Health Plan or school will write up a detailed plan. This paperwork will be shared with you and relevant staff members.