

Lincoln Gardens Primary School

Individual Healthcare Plan

Childs Personal Information	
Child's name	
Registration group	
Date of birth	
Child's address	
Child's Medical Information	
Medical diagnosis or condition	
Name of Medication needed in school	
Date	
Review date	
Diagnosed Allergies	
Date Diagnosed	
Medication/actions needed in school	
Review Date	
Special Dietary Requirements	
Any other dietary needs (eg. Halal, Vegetarian, religious restrictions)	
Family Contact Information	
Name	
Telephone no. (work)	
(home)	
(mobile)	
Refer to SIMs for additional contacts	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Telephone no.	