

GHYLLSIDE OUT OF SCHOOL CLUB
HEALTH CARE PLAN
2017 - 2018

PLEASE COMPLETE THIS FORM IF YOUR CHILD IS TAKING LONG TERM MEDICATION, SUFFERS FROM ALLERGIES, ASTHMA, EPILEPSY OR DIABETES.

CHILD'S NAME	
DATE	
NATURE OF CONDITION	
MEDICATION	Will Ghyllside Out of School Club need to administer medication?
	If yes, how is the medicine administered?
	Where is the medication stored?
	In the event of your child not gaining immediate relief from the medication, what course of action should staff take?
DATE FOR REVIEW	
PLEASE INCLUDE ANY FURTHER INFORMATION THAT YOU THINK IS RELEVANT	

Signature of Parent/Carer

Date