

Appendix 7

The British School of Amsterdam
Pupil CARE Plan

Name of pupil: _____

Date of Birth: _____

Known medical condition:

Pupil Picture here

Symptoms to be aware of:

Name of Parent / carer

Contact numbers:

Home _____

Work _____

Emergency contact _____

Classteacher / Form tutor _____

School Year: _____

Action to be taken in an emergency:

Normal routine prevention / treatment:

Date shared with parents: _____

Signed: (parent) _____

Signed: (school) _____

Specific environmental / other conditions to AVOID

Further action to help staff manage the condition:

Review date: _____