Churchdown School Academy
ACHIEVING SUCCESS FOR ALL

Winston Road, Churchdown, Gloucester, GL3 2RB
Telephone 01452 713340
E-mail: school@churchdownschool.com
Website: www.churchdownschool.com

Headteacher: David Potter

ALLERGIES & RISK OF ANAPHYLAXIS

Individual Health Care Plan

to be used if no consultant care plan available
PARENTS/CARERS TO COMPLETE FOR SCHOOL

NAME OF STUDENT ……

DATE OF BIRTH …… TUTOR GROUP ……

KNOWN TRIGGERS ……

……

……

CONTACT INFORMATION No 1	CONTACT INFORMATION No 2
NAME	NAME
RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT
HOME TELEPHONE	HOME TELEPHONE
WORK TELEPHONE	WORK TELEPHONE
MOBILE TELEPHONE	MOBILE TELEPHONE

CLINIC/HOSPITAL CONTACT	GP
NAME	NAME
CLINIC/HOSPITAL	PRACTICE
TELEPHONE	TELEPHONE

Health & Safety Risk Assessment

(to be carried out by school)
to review presence of known triggers

Date ……

Planned review of Risk Assessment

Date ……

NAMES OF SCHOOL STAFF WHO HAVE VOLUNTEED TO BE INVOLVED IN THIS CHILD'S CARE	
NAME	NAME
NAME	NAME

Outline of procedure/condition requiring management

Describe condition and give details of student's individual symptoms

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Describe treatment required

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LOCATION OF EMERGENCY TREATMENT

Parent/Carer's signature(s) ……

Relationship to student …… Date ……

COPIES TO: PARENTS

SCHOOL HEALTH

GP/CONSULTANT