

Individual Health Care Plan

<p>Child's Name</p> <p style="text-align: center;">Insert photo</p>	<p>Date of Birth:</p> <p>Sessions child attends:</p> <p>Monday Tuesday Wednesday Thursday</p>
<p>Date of Plan:</p>	
<p>These are my symptoms:</p>	
<p>This is how I need you to help me everyday:</p>	
<p>In an emergency this is what might happen:</p>	
<p>If this happens I need you to:</p>	
<p>If you need to phone the ambulance say:</p>	
<p>Afterwards I need you to:</p>	
<p>Please phone my Mum on:</p> <p>Please phone my Dad on:</p> <p>Please also phone:</p>	
<p>My doctor is:</p> <p>My hospital contact is:</p>	
<p>This plan will be updated on:</p> <p>My parent's signature:</p>	

