

**Infants:**  
Etsome Terrace,  
Somerton, TA11 6LY

Tel: 01458 272537  
kinginainfants@educ.somerset.gov.uk

**KING INA**



**Juniors:**  
School Lane, Kirkham St.,  
Somerton, TA11 7NL

Tel: 01458 272587  
kinginajunior@educ.somerset.gov.uk

Registered Office: School Lane, Kirkham Street, Somerton, Somerset TA11 7NL

### Individual Health Care Plan for Pupils Requiring the use of Inhalers & Epi Pens

Name of Child	
Child's Class	
Date of Birth of Child	
Address of Child	

Medical Diagnosis/Condition			
Date		Review Date if applicable	

Name of Family Contact		Signed	
Relationship of Family Contact			
Contact's Home Telephone No.			
Contact's Work Telephone No.			
Contact's Mobile Phone No.			
Name of GP / Telephone No.			

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<b>Describe child's medical needs and provide details of child's symptoms</b>	
<b>Daily care requirements eg: before sports, at lunchtime etc.</b>	
<b>Medication and side effects</b>	
<b>Describe what constitutes an emergency for the child and action to be taken if this occurs</b>	
<b>Follow-up care</b>	
<b>Form copied to:</b>	

Parent signed ..... Date .....