

**Bowdon Preparatory School
INDIVIDUAL CARE PLAN**

Child's Name	Class
Specify specific health care needs	
Details of Medical Condition/Allergy	
Medication Required	
Dosage and Frequency	
Any Other Relevant Instructions for Administration of Medicine	
The following section will be complete with the Headmistress	
Additional actions needed to meet specific needs	
Emergency care/response plan	
Review date:	
Contact numbers	
Parent	
Medical practitioner	

Signed (Parent) **Date**

Signed (Headmistress) **Date**.....