

Fairview Community Prima		
EPILEPSY - CARE PLAN		
Pupil Information		
Child's name		
Date of birth		
Child's address		
Medical condition or allergy		
Date		
Review date (to be completed by school)		
Family Contact Information		
1 st Emergency Contact Name		
Relationship to child		
Phone no. (mobile)		
Phone no. (work)		
2 nd Emergency Contact Name		
Relationship to child		
Phone no. (mobile)		
Phone no. (work)		
Clinic/Hospital Contact (if applicable)		
Name		
Phone no.		
G.P.		

Name

Phone no.

New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY United Kingdom

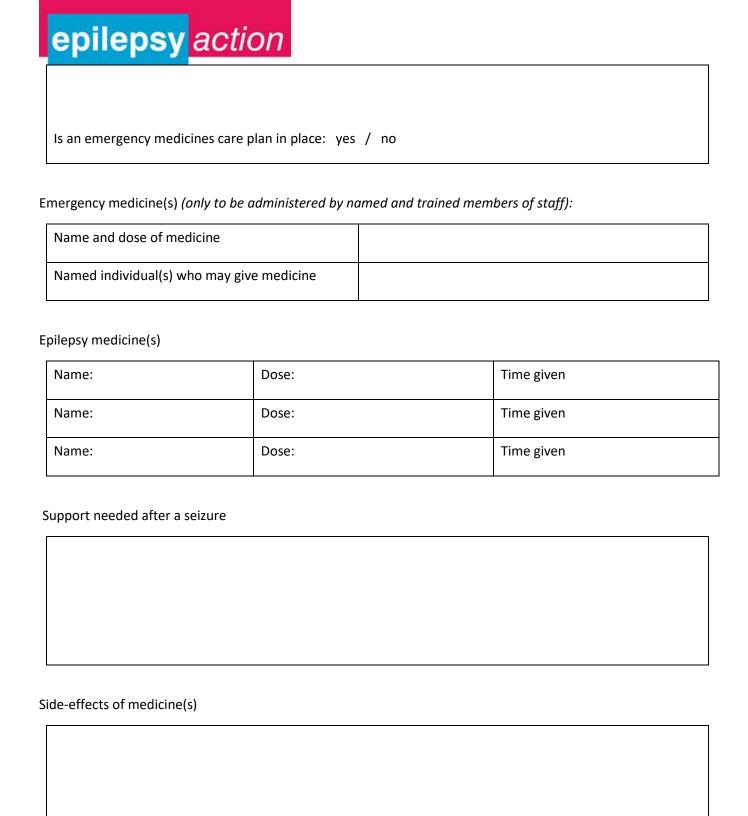
tel. 0113 210 8800 • email epilepsy@epilepsy.org.uk • epilepsy.org.uk • Epilepsy Action Helpline freephone 0808 800 5050

Registered charity in England (No. 234343)





13	of epilepsy / epilepsy syndrome
e	(s) – type, what happens before, during and after, frequency, and duration
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า 1	to be taken during and after a seizure
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Information about other treatments

epilepsy action				
Seizure triggers (if known)				
Specific support or equipment required (for medical, learning, social, emotional needs)				
Activities that require special precautions, and how to manage				
Arrangement for school trips				

ther information		
nis plan has been agreed by:		
Name:	Signature:	
Role:	Contact number:	
Name:	Signature:	
Role:	Contact number:	
etails of staff training required,	undertaken (to be completed by school)	