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| **Personal Details**  **Name:**  **DOB:**  **Year group:**  **Medical Condition:**  **What I want people to know:**  **Who I want to know?**  **What do I find difficult about my condition:** | **Key Contact Information**  **Name/Relationship/Contact:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name/Relationship/Contact:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Medical Professional:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  | | --- | --- | | **Things I need and where they are kept** | | | **Phone** |  | | **Injecting Equipment** |  | | **Testing Equipment** |  | | **Snacks/\Gels** |  | | **Medication** |  | | **Other** |  | |

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| --- | --- |
| **EMERGENCY**  Symptoms to look out for:  What to do in an emergency:  **Emergency Contact** | **EMERGENCY**  What would trigger a 999 call?  How you can help me:  People you can tell: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Pastoral Support**  Time out card required:   |  |  | | --- | --- | | Toilet Pass |  | | Early Lunch |  | | Medical Treatment |  | | Other |  |   Key People to call on regarding concerns:   |  |  | | --- | --- | | Person | Role | |  |  | |  |  | |  |  | | **Pastoral Support**  People who can accompany me around school (this could be a peer):   |  | | --- | |  | |  | |  | |  |   Pastoral support needed:   |  |  | | --- | --- | | Exams |  | | Attendance |  | | Clubs/Trips |  | | Emotional |  | |