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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** |  |

 |

|  |  |
| --- | --- |
| **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 |  |

 |