

Healthcare Plan for pupils with medical conditions



Bredhurst CoE
Primary School

Child's name:	Class:
Date of birth:	
Child's address:	
Medical diagnosis or condition:	
Date:	Review date: September 2020
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name:	
Phone no:	
G.P.	
Name	
Phone no.	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements and specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips- other information.

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Parent and school agreement

To the best of my knowledge the above information is correct. I agree to update the plan annually or sooner, should there be any change to the information provided above.

Parent/carer signature: _____ Date: _____

The staff, in agreement will do their best to support and care for _____'s medical and emergency needs.

Signed: _____

Date: _____

Form copied to:

Parents
Head teacher/class teacher
School Nurse

Yes/No
Yes/No
Yes/No