

### Healthcare Plan for pupils with medical conditions

Child's name:		Class:
Date of birth:		
Child's address:		
Medical diagnosis or condition:		
Date:		Review date: September 2019
<b>Family Contact Information</b>		
Name		
Phone no. (work)		
(home)		
(mobile)		
Name		
Relationship to child		
Phone no. (work)		
(home)		
(mobile)		
<b>Clinic/Hospital Contact</b>		
Name:		
Phone no:		
<b>G.P.</b>		
Name		
Phone no.		

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

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

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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