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## Healthcare Plan for a Pupil with Medical Needs

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Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Photograph

Class/Form \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Review date \_\_\_\_\_

Name of School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Contact Information

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#### Family contact 1

Name \_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship \_\_\_\_\_

#### Family contact 2

Name \_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship \_\_\_\_\_



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**Clinic/Hospital contact**

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

G.P. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daily care requirements, (e.g. before sport/at lunchtime):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow up care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is responsible in an emergency: (State if different on off-site activities)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form copied to: \_\_\_\_\_



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## School's agreement to administer medication

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I agree that *[name of child]* will receive *[quantity and name of medicine]* every day at *[time medicine to be administered eg. lunchtime or afternoon break]*. *[Name of child]* will be given/supervised whilst he/she takes their medication by *[name of member of staff]*. This arrangement will continue until *[either end date of course of medicine or until instructed by parents]*.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (The Principal/Named Member of Staff)