

Date Form Completed _____
Date for Review _____
Copies held by _____



Healthcare Plan

For Students with medical conditions at school

1. Pupils information

Name: _____

Date of birth: _____

Named Support in school: _____

Tutor group: _____

1. SEN (Please circle) Wave 1 Wave 2 Wave 3

Comments: _____

3. Contact information

Address: _____

Contact 1: _____

Contact 2: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Mobile: _____

Mobile: _____

GP: _____

Phone: _____

Specialist: _____

Phone: _____

4. Medical condition information

Student's medical condition: _____

Signs and symptoms: _____

Does he/she fully understand their condition?

Triggers or things that make this student's condition worse:

5. Routine healthcare requirements (for example, dietary, therapy, nursing needs or before physical activity)

During school hours:

Outside school hours:

Do they require any specialist equipment?

Medication: (Please list all medications that are taken, including dosage and times, side effects, contra-indications. Administered by/self-administered with/without supervision)

6. Arrangements for school trips/visits etc:

Describe what constitutes an emergency and the action if this occurs:

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

7. Any other relevant information:

8. Staff training needed/undertaken - who, what, when:

9. Plan developed with:

In the event of an emergency please sign below to give permission to the school to administer prescribed emergency medications.

Signed :

Date:

Diabetes: Please ensure that your child has adequate snacks on their person should they have a Hypoglycaemic attack in class. Please also supply some spare snacks for storage in the medical room.

Anaphylaxis: Please ensure that your child has their antihistamine/Epipen with them at all times. You are advised to supply the school with a spare Epipen to be stored in the medical room.

Asthma: Please ensure that your child has an up to date inhaler on them at all times. You are advised to provide a spare inhaler for storage in the medical room.

If there are any changes in your child's condition or treatment please inform the School Nurse immediately, in writing.

Please return this form to the School Nurse who will review it annually and circulate the details to the relevant members of staff.

