

Healthcare Plan – For Pupils with Medical Conditions in School

**1. Pupil's information**

Name of pupil \_\_\_\_\_

Form \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Member of staff responsible for home – school communication \_\_\_\_\_

**2. Contact information**

Pupil's address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

**Family contact 1**

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

Phone (eve) \_\_\_\_\_ Relationship with child \_\_\_\_\_

**Family contact 2**

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

Phone (eve) \_\_\_\_\_ Relationship with child \_\_\_\_\_

**Medical contact**

**GP**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Medical specialist**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Medical condition information**

**3. Details of pupil's medical condition/s** \_\_\_\_\_

Signs and symptoms of medical condition \_\_\_\_\_

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Triggers or things that make the condition/s worse \_\_\_\_\_

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**4. Routine healthcare requirements** (e.g. dietary, therapy etc)

During school hours \_\_\_\_\_

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Outside school hours (for overnight school trips) \_\_\_\_\_

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**5. What to do in an emergency** \_\_\_\_\_

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**6. Regular medication taken during school hours**

Medication 1

Name/type of medication (as described on container)

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Dose and method of administration (the amount taken and how the medication is taken, e.g. tablets, inhaler, injection)

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When is it taken (time of day?)

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Are there any side effects that could affect the pupil at school?

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Are there any contraindications (signs when this medication should not be given?)

Yes  No  Yes with supervision

Medication expiry date

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Medication 2

Name/type of medication (as described on container)

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Dose and method of administration (the amount taken and how the medication is taken, e.g. tablets, inhaler, injection)

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When is it taken (time of day?)

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Are there any side effects that could affect the pupil at school?

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Are there any contraindications (signs when this medication should not be given?)

Yes  No  Yes with supervision

Medication expiry date

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**7. Emergency medication** (please complete even if it is the same as regular medication)

Name/type of medication (as described on container) \_\_\_\_\_

\_\_\_\_\_

Describe what signs or symptoms indicate and emergency for this pupil \_\_\_\_\_

\_\_\_\_\_

Dose and method of administration (how medication is taken and the amount) \_\_\_\_\_

\_\_\_\_\_

Are there any contraindications (signs that this medication should not be given?) \_\_\_\_\_

\_\_\_\_\_

Are there any side effects that the school should know about? \_\_\_\_\_

\_\_\_\_\_

Self-administration: can the pupil administer the medication themselves?

Yes  No  Yes – with supervision

Is any follow-up care necessary? \_\_\_\_\_

\_\_\_\_\_

Who should be notified?

Parents  GP  Specialist

**8. Regular medication taken outside of school hours**

(for background information and to inform planning for residential trips)

Name/type of medication (as described on the container) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any side effects that the school needs to know about that could affect school activities?

\_\_\_\_\_

\_\_\_\_\_

**9. Members of staff trained to administer medications for this pupil**

Regular medication \_\_\_\_\_

Emergency medication \_\_\_\_\_

**10. Specialist medication arrangements required**

(e.g. activities to be avoided, special educational needs) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. Any specialist arrangements required for off-site activities**

(please note the school will send parents a separate form prior to each residential visit/off-site activity)

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**12. Any other information relating to the pupil's healthcare in school?**

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\_\_\_\_\_

\_\_\_\_\_

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**Parent and pupil agreement**

I agree that the medical information contained in this plan may be shared with individuals involved with my/our child’s care and education (this includes emergency services). I understand that I must notify the school of any changes in writing

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Pupil can sign if over 16

**Print name** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent (if pupil 16 and under)

**Print name** \_\_\_\_\_

**Permission for emergency medication**

I agree that I/my child can be administered my/their medication by a member of staff in an emergency (delete as necessary)

I agree that I/my child **cannot** keep my/their medication with me/them, and the school will make the necessary medication storage arrangements

I agree that I/my child **can** keep my/their medication with me/them for use when necessary

Name of medication carried by pupil \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/guardian (or pupil if above age of legal capacity)

**SENCo agreement**

It is agreed that (name of child) \_\_\_\_\_

will receive the above listed medication at the above listed time (see part 6)

will receive the above listed medication in an emergency (see part 7)

This arrangement will continue until \_\_\_\_\_

(either end date of course of medication or until instructed by the pupil’s parents)