



Healthcare Plan for pupils with medical conditions at school

Date completed :

Pupil Information

Child's name :	Medical condition :
Date of birth :	Home address :

Contact Details

First contact name :	Relationship with child :
First contact numbers - home :	Mobile :
Second contact name :	Relationship with child :
Second contact numbers – home :	Mobile :

GP / Specialist details

GP Name :	Contact number :
Specialist contact :	Contact number :

Medical Details

Description of medical condition :
Signs & symptoms of the condition :
Triggers or things that make the condition worse :

Medication Needs in School

Name of medication :	
Dose required :	When to be taken :
Are there any side effects that could affect the pupil? :	
Can the pupil administer the medicine themselves : Yes / No / Yes, with supervision	

Emergency Care

Describe what is an emergency for the pupil :	
Emergency medication :	
Dose required :	When to be taken :
Actions to be taken in an emergency (e.g. call parents, then call an ambulance) :	

Other Arrangements

Specific support needed for the pupil's educational, social and emotional needs :
Any specialist arrangements required for off-site activities :
Any other information :

Parental & pupil agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.	
Signed (pupil) :	Date :
Signed (parent) :	Date :
Print name :	