

 **Health Care Plan**

| Child’s Name |  |
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| Class |  |
| Date of birth |  |
| Address |  |
| Medical Diagnosis or Condition  |  |

**Family information/Emergency Contact**

| Name of Parent/Carer |  |
| --- | --- |
| Phone No (Home) |  |
|  (Work) |  |
|  (Mobile) |  |
| Name of Emergency Contact |  |
| Phone No (Home) |  |
|  (Work) |  |
|  (Mobile) |  |
| Name of Health Contact |  |
| Phone No |  |
| Name of GP |  |
| Phone No |  |

| Who is responsible for providing support in school? |  |
| --- | --- |

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 management of medication (including emergency care e.g. before sport/at lunchtime

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Additional advice from relevant health care professionals (e.g. specialist nurse etc)

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Daily care requirements

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Specific support for the pupil’s educational, social and emotional needs

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Level of support needed

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Arrangements for school visits/trips etc

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Individual Risk Assessment required YES NO (find attached)

Other information

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Describe what constitutes an emergency, and the action to take if this occurs/what could the
consequences be?

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

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Plan developed with

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Staff training needed/undertaken – who, what, when

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Who in school needs to be aware of the child’s needs? i.e. Senior Leadership Team/Office or ALL

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| Parent/Guardian signature: |  | Date: |  |
| --- | --- | --- | --- |
| Form Tutor signature: |  | Date: |  |
| Headteacher signature: |  | Date: |  |