Health Care Plan

ALL sections must be completed by Parents/Carers. If sections are not relevant - please mark N/A.

It is the responsibility of Parents/Carers to provide any changes to this plan and replace medications when they expire.

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	

Family information/Emergency Contact

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

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

Admin Team	**First Aid Team**	**First Aid Team**	**First Aid Team**
Sarah Balmain	Paul Baggett	Chelsea Horsley	Joe Smith
Fiona Kerr	Dave Best	Chris Hill	Sarah Walker
Simon Peel	Claire Butterworth	Susan Laffey	Kay Wilson
Janine Robson	June Ford	Lisa Parker	Sam Wilson
Gill Vacher	Chris Hill	Matt Poxon	

In addition to the above, there is a directory of staff who have undergone Epi-pen & asthma training.

Who in school needs to be aware of the child's needs?

All staff

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities,equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Emergency school stock of epipen or salbutamol inhaler to be used if medication belonging to the pupil was unavailable for any reason.	
Signature of parent/carer:	Date:

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

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

Daily care requirements

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

Level of support needed

Arrangements for school visits/trips etc

Trip Leader and all staff on trip to be aware of the pupils information.

Other information

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

Plan developed with The Admin Team/Parents/Form Tutor and Headteacher.

Teacher signature:		Date:	
Parents/Carers signature:		Date:	
Headteacher signature:		Date:	

Reviewed and updated - Admin Team to monitor for changes/updates.

Admin Team to indicate if updated or no changes/updates prior to the Headteacher signing.

Autumn 1	Updated: No changes/updates: Signed: Date:	**Autumn 2**	Updated: No changes/updates: Signed: Date:
Spring 1	Updated: No changes/updates: Signed: Date:	**Spring 2**	Updated: No changes/updates: Signed: Date:
Summer 1	Updated: No changes/updates: Signed: Date:	**Summer 2**	Updated: No changes/updates: Signed: Date: