



Photo of  
child here

## Healthcare Plan for pupils with medical conditions at school

Date completed :

Review due :

### Pupil Information

Child's name :

Medical condition :

Class :

Date of birth :

Home Address :

### Contact Details

First contact name :

Relationship with child :

Contact numbers - Home :

Mobile :

Second contact name :

Relationship with child :

Contact numbers – Home :

Mobile :

### GP I 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.	
<b>Signed (pupil) :</b>	<b>Date :</b>
<b>Signed (parent) :</b>	<b>Date :</b>
<b>Print name :</b>	