



St Bartholomew's CE Primary School

Healthcare Plan for pupils with medical conditions at school

1. Pupil's Information

Child's name _____

Class & Year Group _____

Date of Birth _____ Female Male

Member of Staff responsible for home-school communication (class teacher) _____

2. Contact Information

Pupil's address _____

Post Code _____

Family contact 1

Family contact 2

Name		Name	
Relationship with child		Relationship with child	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

GP

Clinic/Hospital contact

Name _____ Name _____

Address _____ Address _____

Phone No. _____ Phone No. _____

3. Details of Pupil's Medical Conditions

Medical diagnosis or condition:

Signs and symptoms of the condition:

Triggers or things that make the pupil's condition worse:

4. What To Do In An Emergency

5. Routine Healthcare Requirements

(eg. Dietary, therapy, nursing needs or before physical activity)

During school hours:

6. Specialist Education Arrangements Required

(eg. Activities to be avoided, special educational needs, including those required for off site visits)

7. Regular Medication To Be Taken During School Hours

Medication 1	Medication 2
Name/type of medication (as described on the container):	Name/type of medication (as described on the container):
Expiry Date:	Expiry Date:
Dose and administration (the amount of medication to be taken and how to be taken eg, tablets, medicine, inhaler, injection- as stated on prescription)	Dose and administration (the amount of medication to be taken and how to be taken eg, tablets, medicine, inhaler, injection – as stated on prescription)
When is it taken (time of day)?	When is it taken (time of day)?
Are there any contraindications (signs when this medication should not be given?)	Are there any contraindications (signs when this medication should not be given?)
Are there any side effects the school should know about?	Are there any side effects the school should know about?
Can the pupil administer the medication themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, supervised by:	Can the pupil administer the medication themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, supervised by:
Staff member's name/s	Staff member's name/s

Insert additional copies of this page where additional medication is required

8. Emergency Medication

(Please complete even if it is the same as regular medication)

Name/type of medication as described on the container):

Describe the signs and symptoms that indicate an emergency for this pupil

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

Are there any side effects that the school need to know about?

Can the pupil administer the medicine themselves?

Yes No Yes, supervised by:

Staff member's name/s:

Is there any other follow up care necessary?

Who should be notified?

Parents/carers GP Specialist

9. Members of Staff Trained to Administer Medications To This Pupil

Regular Medication:

Emergency Medication:

10. Parent/Carer Approval for School Staff to Administer Medication To This Pupil

The information included within this Health Care Plan is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer medicine in accordance with the school policy. I will inform the school immediately in writing if there is any changes to my child's condition which will affect the support required or results in a prescribed change to the medicine, dosage or frequency of the medication or if the medicine is stopped.

Child's Name :

Parents/Carers Name:

Signed:

Date:

11. School Agreement (to be completed by School Staff)

Have all areas of the form been completed or marked N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has Parent/Carer signed Section 10.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is all medication stored in its original container with the child's name and prescription details attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Member of Staff Reviewing HCP:	
Signed:	
Date:	

HCP's should be reissued for parental completion once per academic year