

Hillcrest Primary School

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Totterdown
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Website: www.hillcrest.bristol.sch.uk



SHORT TERM

INDIVIDUAL HEALTHCARE PLAN FOR

Child's name:.....

Class:

The school cannot give your child medicine unless you complete and sign this form.

The school will not accept any medicines if it is not clearly named in the original container/box as dispensed by the pharmacy with prescription label.

If you would like to view the school's First Aid & Administration of Medicine policy it is on the website [here](#) . You can also ask for a paper copy from the office.

Medical diagnosis or condition

Date of birth
Date of plan
Date course of medicine finishes
Review date

Family Contact Information

1. Name
Relationship to child
Phone no. (work)
(home)
(mobile)
2. Name
Relationship to child
Phone no. (work)
(home)
(mobile)

Clinic/Hospital Contact

Name
Phone no.
GP
Name
Phone no.

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be clearly named in the original container/box as dispensed by the pharmacy with prescription label.

Describe medical needs and give details of child's symptoms, triggers, signs, environmental issues etc

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Arrangements for school visits/trips etc

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Any other Information

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I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education, including the emergency services. I understand that I must notify the school of any changes in writing.

Signed.....

Date.....

Print.....

Relationship to child.....