

Coton C of E Primary School Individual Healthcare Plan

Pupil Details

Child's name

Class

Year Group

Date of birth

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Relationship to child

Telephone no. (work)

Telephone no. (home)

Telephone no. (mobile)

Name

Relationship to child

Telephone no. (work)

Telephone no. (home)

Telephone no. (mobile)

Medical Details

Name of G.P.

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Name & Address of G.P. Surgery

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Telephone no.

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Name of Hospital and Hospital
Consultant (if appropriate)

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Telephone no.

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Named adult(s) responsible for
providing support in school

Miss Lark, Mrs Gibbons, Mrs Osborne, or, in the case of an anaphylactic emergency, any member of staff that has undergone appropriate training.

Medication Requirements

Describe your child's medical needs and give details of your child's symptoms, signs, treatments etc.

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Name of child's medication, dose required, method and frequency of administration.

Any known side effects of your child's medication that the school should be aware of.

Any other information you think the school should be made aware of to support your child's medical requirements.

Describe what constitutes an emergency, and the action to take if this occurs.

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Named adult(s) responsible in an emergency.

Miss Lark, Mrs Gibbons, Mrs Osborne or, in the case of an anaphylactic emergency, any member of staff that has undergone appropriate training. A fully qualified first aider will accompany your child on any off-site activity.
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I undertake to ensure that the school has adequate supplies of the medications detailed above.

I undertake to ensure that the medications supplied by me and prescribed by my child's doctor are

- a) provided in a sealed container with a photograph of my child attached to the outside of the container
- b) provided in their original packaging
- c) correctly labelled with my child's name and date of birth
- d) in date
- e) clear instructions to include dose required, method & frequency of administration

I undertake to ensure that I will inform the school of any changes to the medication supplied.

I understand that the medication will be administered by my child (under normal circumstances) under the supervision of a member of staff who has received appropriate training. In the event of an emergency, the medication will be given by a member of staff who has received appropriate training.

Signed

Date:

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Parent / carer (please delete as appropriate)