

Healthcare Plan for a Pupil with Medical Needs

Details of Child and Condition	
Name of child:	Add photo here
Date of birth:	
Class/Form:	
Medical Diagnosis/Condition:	
Triggers:	
Signs/Symptoms:	
Treatments:	
Has the Parental Consent Form been completed? Yes/No <i>(Medication cannot be administered without parental approval)</i>	
Date:	Review Date:
Medication Needs of Child	
Medication:	
Dose:	
Specify if any other treatments are required:	
Can the pupil self-manage his/her medication? Yes/No If Yes, specify the arrangements in place to monitor this:	
Indicate the level of support needed, including in emergencies: <i>(some children will be able to take responsibility for their own health needs)</i>	

Known side-effects of medication:
Storage requirements:
What facilities and equipment are required? <i>(such as changing table or hoist)</i>
What testing is needed? <i>(such as blood glucose levels):</i>
Is access to food and drink necessary? <i>(where used to manage the condition):</i> Yes/No Describe what food and drink needs to be accessed
Identify any dietary requirements:
Identify any environmental considerations <i>(such as crowded corridors, travel time between lessons):</i>
Action to be taken in an emergency <i>(If one exists, attach an emergency healthcare plan prepared by the child's lead clinician):</i>
Staff Providing Support
Give the names of staff members providing support <i>(State if different for off-site activities):</i>
Describe what this role entails:
Have members of staff received training? Yes/No <i>(details of training should be recorded on the Individual Staff Training Record, Appendix 4)</i>
Where the parent or child have raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child's condition:

Detail the contingency arrangements in the event that members of staff are absent:

Indicate the persons (or groups of staff) in school who need to be aware of the child's condition and the support required:

Other Requirements

Detail any specific support for the pupil's educational, social and emotional needs
(for example, how absences will be managed; requirements for extra time to complete exams; use of rest periods; additional support in catching up with lessons or counselling sessions)

Emergency Contacts

Family Contact 1

Name: _____

Telephone

Work: _____

Home: _____

Mobile: _____

Relationship: _____

Family Contact 1

Name: _____

Telephone

Work: _____

Home: _____

Mobile: _____

Relationship: _____

Clinic or Hospital Contact

Name: _____

Telephone:

Work: _____

GP

Name: _____

Telephone:

Work: _____

Signatures

Signed

(Headteacher)

Signed

(Medication Coordinator)