

| PART 1: Pupil Information      |  |      |  |
|--------------------------------|--|------|--|
| Pupil's Name                   |  | Form |  |
| Date of Birth                  |  |      |  |
| Pupil's Address                |  |      |  |
| Medical Diagnosis or Condition |  |      |  |

| PART 2: Contact Information |  |                 |  |
|-----------------------------|--|-----------------|--|
| Name                        |  | Name            |  |
| Phone No (work)             |  | Phone No (work) |  |
| (home)                      |  | (home)          |  |
| (mobile)                    |  | (mobile)        |  |

|                           |  |                 |  |
|---------------------------|--|-----------------|--|
| Hospital Name             |  | GP Surgery Name |  |
| Named Health Professional |  | Named Dr        |  |
| Address                   |  | Address         |  |
| Phone No                  |  | Phone No        |  |

| PART 3: Details of Pupil's Medical Conditions                |
|--|
| Signs and symptoms of this pupil's condition:                |
|  |
| Triggers or things that make this pupil's condition/s worse: |
|  |

| PART 4: Routine Healthcare Requirements<br>(for example, dietary, therapy, nursing needs or before physical activity) |
|---|
| During school hours:  |
|   |
| Outside school hours:   |
|   |

**PART 5: What to do in an emergency****PART 6: Regular medication taken during school hours**

| MEDICATION 1<br>Name/type of medication<br>(as described on the container): | MEDICATION 2<br>Name/type of medication<br>(as described on the container): |
|---|---|
|   |   |

*See separate Parental Agreement for Administration of Medicines.*

**PART 7: Regular Medication taken outside of school hours**

(for background information and to inform planning for residential trips)

|   |
|---|
| Name/type of medication (as described on the container):  |
|   |
| Are there any side effects that the school needs to know about that could affect school activities? |
|   |

**OFFICE USE ONLY**

Members of staff trained to administer medications for this pupil

|                      |  |
|----------------------|--|
| Regular medication   |  |
| Emergency medication |  |

**PART 8: Specialist education arrangements required**

(eg activities to be avoided, special education needs)

**PART 9: Any specialist arrangements required for off-site activities**

(please note the school will send parents a separate form prior to each residential visit/off-site activity)

**PART 10: Any other information relating to the pupil's healthcare in school?**

| Plan approved by: | Name | Signature | Date |
|-------------------|------|-----------|------|
| Young Person      |      |           |      |
| School Nurse      |      |           |      |

**Who is responsible in an Emergency?**

- School staff will take the action details above.
- Parents should attend school when requested to do so.

**Form completed by:**

**Parental / Guardian 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.

**Signature of Parent / Guardian:**

**Date:**