

## MEDICAL CARE PLAN

Child's name:	
Date of birth:	
Year group:	
Medical condition(s)	
Allergies: If there is an allergy is an epipen required? If so where is it kept e.g. does the student have it or does one need to be kept in the medical room?	

### **Family contact information**

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

### **Essential information concerning this child's health needs**

Specialist nurse (if applicable):	
Consultant paediatrician (if applicable):	
GP:	
Any other relevant specialists:	

### **Medical needs**

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices.
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Name of medication, dose, method of administration, when to be taken, side effects, administered by/self-administered with/without supervision

Medication:	
Dose:	
Method of administration:	
Side effects:	
Does the student administer the medication?	
Does the student need to be supervised when administering the medication?	

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Dose:	
Method of administration:	
Side effects:	
Does the student administer the medication?	
Does the student need to be supervised when administering the medication?	

**Other information**

Are any specific arrangements required for school visits/trips etc? Give details if necessary.	
Describe what constitutes an emergency, and the action to take if this occurs.	
Do staff need to be trained?	
What training is required?	
Has the training been completed?	

	<b>Name</b>	<b>Signatures</b>	<b>Date</b>
<b>Young person</b>			
<b>Parents / carer</b>			
<b>School representative</b>			