

**Individual Healthcare Plan**

For pupils with medical conditions at school

**1. Pupil's Information:**

<b>Name of Pupil:</b>	
<b>Date of Birth:</b>	
<b>Member of staff responsible for home school communication:</b>	

**2. Details of pupil's medical condition/s.**

<b>Medical Condition/Health issue/s:</b>
<b>Signs and symptoms of this pupil's condition/s</b>
<b>Triggers or things that make this pupil's conditions worse:</b>

**Regular medication** taken during school hours

**Medication 1**

Name/type of medication  
(as described on the container):

Dose and method of administration  
(the amount taken and how the medication  
is taken, eg tablets, inhaler, injection)

When it is taken (time of day)?

Are there any side effects that could affect this  
pupil at school?

Are there any contraindications (signs when  
this medication should not be given)?

Self-administration: can the pupil  
administer the medication themselves?

Staff member's name :

**First aider/medical staff in school**

Medication expiry date

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**Medication 2**

Name/type of medication  
(as described on the container):

Dose and method of administration  
(the amount taken and how the medication  
is taken, eg tablets, inhaler, injection)

When it is taken (time of day)?

Are there any side effects that could affect this  
pupil at school?

Are there any contraindications (signs when  
this medication should not be given)?

Self-administration: can the pupil  
administer the medication themselves?

Staff member's name :

**First aider/medical staff in school**

Medication expiry date

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## Emergency medication – follow emergency procedures detailed in care plan

### **Medication 1**

Name/type of medication  
(as described on the container):

Dose and method of administration  
(the amount taken and how the medication  
is taken, eg tablets, inhaler, injection)

When it is taken (time of day)?

Are there any side effects that could affect this pupil at school?

Are there any contraindications (signs when this medication should not be given)?

Self-administration: can the pupil administer the medication themselves?

Staff member's name : **First aider/medical staff in school**

Medication expiry date \_\_\_\_\_

Is there any other follow-up care necessary?

Stay with student until they are well enough to go back to lessons. If in doubt, call parents for their advice

Who should be notified?

Parents       Specialist       GP

**Medication 2**

Name/type of medication  
(as described on the container):

Dose and method of administration  
(the amount taken and how the medication  
is taken, eg tablets, inhaler, injection)

When it is taken (time of day)?

Are there any side effects that could affect this pupil at school?

Are there any contraindications (signs when this medication should not be given)?

Self-administration: can the pupil administer the medication themselves?

Staff member's name : **First aider/medical staff in school**

Medication expiry date \_\_\_\_\_

Is there any other follow-up care necessary?

Who should be notified?

Parents       Specialist       GP

## 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):

**For trips and residential – Group Organiser to take the spare medication that is held in school for .....**

**For residential – for ..... to take the .....**

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

### 3. Contact Information

#### Family contact 1:

Name	
Phone (day)	Mobile
Phone (evening)	Relationship with child

#### Family contact 2:

Name	
Phone (day)	Mobile
Phone (evening)	Relationship with child

#### Health professionals:

GP	Medical Practise/Surgery
Name	
Phone	
Specialist Contact 1	Department
Name	
Phone	
Specialist Contact 2	Department
Name	
Phone	

#### 4. Facilities required

**Routine Healthcare requirements (e.g., dietary, therapy, nursing needs or before physical activity)**

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**Equipment and Accommodation**

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**Staff Training/ Management/Administration**

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**Specialist Educational Arrangements Required**

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**Specialist Arrangements for offsite activities**

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

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**Review/Date**

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### **Parental and pupil agreement**

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

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Pupil

Print Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent (if pupil is below the age of 16)

Print Name \_\_\_\_\_

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### **Permission for emergency medication**

- I agree that I/my child can be administered my/their medication by a member of staff in an emergency
- I agree that child **cannot** keep their medication with them and the school will make the necessary medication storage arrangements
- I agree that I/my child can keep my/their medication with me/them for use when necessary

Name of medication carried by pupil

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/guardian for pupil if above age of legal capacity

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### **Head teacher agreement**

It is agreed that (name of child) \_\_\_\_\_

- will receive the above listed medication at the above listed time (see part 6)
- will receive the above listed medication in an emergency (see part 7)

This arrangement will continue until

\_\_\_\_\_  
(Either end date of course of medication or until instructed by the pupil's parents)