

Individual Healthcare Plan

For pupils with medical conditions at school

1. Pupil's Information:

Name of Pupil: Date of Birth:	
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2. Details of pupil's medical condition/s.

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

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, e.g. 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?

Medication expiry date

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, e.g. 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?

Medication expiry date

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, e.g. 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?

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, e.g. 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?

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)
Equipment and Accommodation
Staff Training/ Management/Administration
Specialist Educational Arrangements Required
Specialist Arrangements for offsite activities
Any other information relating to the pupil's healthcare in school?
Review/Date

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 _____

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

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)