

St Paul's

C of E Primary School



A place to belong

Individual Health Care Plan (To be reviewed annually with Class teachers)

Name of school

St Paul's CE Primary

Child's name

Class

Date of birth

/ /

Address

Medical diagnosis or condition

Date

/ /

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

St Paul's

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Describe medical needs and severity. Give details of child's symptoms, for example rash, breathing problems to anaphylactic shock.

Daily care requirements / control measures

Eg how the child must be prevented from getting into contact with the allergen, depending on severity of allergy; not eat any foods other than those brought in from home; withdrawal from a room at lunchtime if another child is eating the food; DT or food technology projects; alternative ingredients for the individual child.

What to do in case of allergic reaction (treatment), including any medication to be used and how it is to be used.

Medicine is stored in (school to fill in):

Medicine will be administered by: Adult in charge

Describe what constitutes an emergency for the child, and the action to take if this occurs

Are there any special religious and/or cultural beliefs which may affect any medical needs?

Follow up care

Who is responsible in an emergency?

Eg adults supervising / the headteacher.

Form copied to

School Office Records
Pupil file – Class assessment / medical folder
Parents/Guardians

Valid from: _____

Parent/Carer Agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Name of school	St Paul's CE Primary
Name of child	
Date of birth	/ /
Class	
Medical condition or illness	

Name/type of medicine (as described on the container)	
Quantity received (eg half bottle)	
Dosage and method:	
Timing:	
Special precautions / Storage details:	
Date dispensed: _____	Expiry date: _____

Are there any side effects that the school/setting needs to know about?
Procedures to take in an emergency:
Self administration:
Contact Details:
Name:
Daytime telephone no.
Relationship to child:
Address:
<i>I will deliver the medicines personally to the school.</i>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer medicine in accordance with the school policy

Parent/carer's signature _____

Print name _____ Date _____

Surplus/unused medicines/out of date medicines will be returned to the parents/carers for safe disposal.

Agreement to administer medicine

St Paul's CE Primary

It is agreed that _____(name)

Will receive medicine in school as stated in their Individual Health Care Plan.

This arrangement will continue until either the end of the course or until notified by parents.

Any changes to dosage will only be made in accordance with instructions on the dispensed container or written instruction from a doctor.

Date _____

Signed _____ (Headteacher)