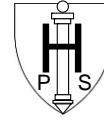




HOUSTON PRIMARY SCHOOL & NURSERY



## HEALTH CARE PLAN

STUDENT INFORMATION	
Child's Name:	
Photo:	
Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Stage/Class:	Teacher/Key Worker:
CONTACT DETAILS	
Home Address:	
Postcode:	
Home Telephone Number:	
Emergency Contact 1:	Emergency Contact 2:
Name:	Name:
Relationship to Student:	Relationship to Student:
Contact Day:	Contact Day:
Mobile:	Mobile:
GP	
Name:	Contact Number:
Address:	
Other Medical Professionals	
Name:	Contact Number:
Profession:	
Address:	
Name:	Contact Number:
Profession:	
Address:	

# HEALTH CARE PLAN page 2

<b>Medical Condition Information</b>
Details of Condition:
Signs or Symptoms of Illness:
Actions/steps to take in event of illness:
What to do in an emergency:

# HEALTH CARE PLAN page 3

<b>Medication Taken During Nursery/School Hours</b>	
Name/Type of Medication:	
Where will the medication be stored?	
Dose (amount to be taken):	Method of Administration:
When is it to be taken?	
Are there any side effects that could affect the child?	
Are there any times when the medication should not be taken?	
Can the student administer the medication independently?	
Yes <input type="checkbox"/>	Yes, with supervision from:
No <input type="checkbox"/>	
Is there any follow up care necessary? (e.g. cleaning of equipment, disposal of equipment).	
Should medication be administered, a parent/carer will be notified.	
<b>Members of staff trained to administer medication for this student</b>	
Regular Medication:	

# HEALTH CARE PLAN page 4

## In an Emergency

**Emergency Medication** (Please complete, even if same as regular medication.)

Name/Type of Medication (as described on the container):

Where will the medication be stored?

What signs or symptoms indicate an emergency for this student?

Dose (amount to be taken):

Method of Administration:

Has this medication been administered previously?

Are there any signs that indicate the medication should not be given?

Are there any side effects that the school/nursery needs to know about?

Are there any times when the medication should not be taken?

Can the student administer the medication independently?

Yes

Yes, with supervision from:

No

Is there any follow up care necessary?

If so, who should be notified?

Parent/Carer

GP

Nurse

**Members of staff trained to administer medication for this student**

Emergency Medication:

## HEALTH CARE PLAN page 5

### Additional Education Arrangements

Please list any special arrangements or allowances for this student whilst at school/nursery or off site (e.g. Individual Risk Assessment, allowances to leave class to take medication).

Students care in school/nursery:

Off-site arrangements:

- Risk Assessment
- EV5 Form and medications to be carried by First Aider

### Parent/Carer Agreement

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

Parent/Carer's Name (Please print): \_\_\_\_\_

Parent/Carer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Permission for Emergency Medication

I agree that my child can be administered their medication by a member of staff in an emergency.

Parent/Carer's Name (Please print): \_\_\_\_\_

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Head Teacher/Depute Head Teacher Agreement

It is agreed that this student will be supported in school/nursery according to the details of this Health Care Plan. In an emergency, the procedures set out in this plan will be followed. This arrangement will continue until the date of the next review or until advised by parent/carers.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Review: \_\_\_\_\_

