

ALL SAINTS CARSHALTON C OF E PRIMARY SCHOOL
MEDICAL PLAN FOR A PUPIL WITH MEDICAL NEEDS

Name: _____ Date of Birth: _____ Class: _____

Address: _____

Condition _____

Date: _____ Review Date: _____
 (at the end of every full term, all medications will be sent home for you to review and update)

CONTACT INFORMATION

Family Contact 1

Name: _____

Phone No (work): _____

(home): _____

Relationship: _____

Family Contact 2

Name: _____

Phone No (work): _____

(home): _____

Relationship: _____

Clinic/Hospital Contact

Name: _____

Phone No: _____

GP

Name: _____

Phone No: _____

Describe diagnosis/condition and give details of pupil's individual symptoms/signs or triggers:

Daily Care requirements (eg before sport, lunchtime):

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

Follow up care:

Who is responsible in an Emergency for providing support in school:

ALL SAINTS CARSHALTON C OF E PRIMARY SCHOOL
REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname: _____ Forename(s): _____

Address: _____

M/F: _____ Date of Birth _____ Class _____

Condition or illness: _____

MEDICATION

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

How long will your child take this medication: _____

Date Dispensed: _____ Expiry Date: _____

FULL DIRECTIONS FOR USE:

Dosage and method: _____

Timing: _____

Special Precautions: _____

Side Effects: _____

Self-Administered/ Administered by: _____

Procedure to take in an emergency: _____

Who is responsible in an Emergency for providing support in school:
_____**CONTACT DETAILS**

Name: _____ Daytime Tel No: _____

Relationship to Pupil: _____

Address: _____

I understand that I must deliver the medicine personally to the School Office and accept that this is a service which the School is not obliged to undertake.

Date: _____ Signature(s): _____

Relationship to Pupil: _____