

Birches Primary School

Healthcare Plan for a Pupil with On-going Medical Needs eg: Asthma

Name: _____

Date of birth : _____

Condition : _____

Class : _____ Date : _____ Review Date : _____

Contact Information

Contact 1

Contact 2

Name : _____

Name : _____

Phone No. (work) _____

Phone N. (work) _____

(home) _____

(home) _____

Relationship : _____

Relationship : _____

G.P. Information

Name : _____ Phone No. _____

Describe condition and give details of pupil's individual symptoms:

Daily care requirements (e.g. before sport/lunchtime)

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

Follow up care:

Birches 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 Principal has agreed that school staff* can administer the medication.

*It is at the discretion of staff as to whether or not they agree to administer medication.

Details of Pupil

Surname : _____
Forename(s): _____
Address : _____
Male/Female : _____
Date of Birth : _____
Class : _____
Condition or Illness : _____

Medication

Name/Type of Medication _____
(as described on container) : _____
For how long will your child take this medication: _____
Date dispensed _____
Full directions for use _____
Dosage and Method _____
Timing _____
Special Precautions _____
Side Effects _____
Self Administration _____
Procedures to take in event of emergency : _____

Contact Details

Name : _____ Daytime Tel. No. _____
Relationship to Pupil : _____ Other contact no. _____
Address : _____

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

Signature(s) _____ Date : _____

Relationship to Pupil _____

