# Appendix 1: individual Healthcare Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school/setting |  | | | |
| Child’s name |  | | | |
| Group/class/form |  | | | |
| Date of birth |  |  |  |  |
| Child’s address |  | | | |
| Medical diagnosis or condition |  | | | |
| Date |  |  |  |  |
| Review date |  |  |  |  |
| **Family Contact Information** |  | | | |
| Name |  | | | |
| Phone no. (work) |  | | | |
| (home) |  | | | |
| (mobile) |  | | | |
| Name |  | | | |
| Relationship to child |  | | | |
| Phone no. (work) |  | | | |
| (home) |  | | | |
| (mobile) |  | | | |
| **Clinic/Hospital Contact** |  | | | |
| Name |  | | | |
| Phone no. |  | | | |
| **G.P.** |  | | | |
| Name |  | | | |
| Phone no. |  | | | |

|  |  |
| --- | --- |
| Who is responsible for providing support in school |  |

Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

|  |
| --- |
|  |

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

|  |
| --- |
|  |

Daily care requirements

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| --- |
|  |

Specific support for the pupil’s educational, social and emotional needs

|  |
| --- |
|  |

Arrangements for school visits/trips etc

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| --- |
|  |

Other information

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| --- |
|  |

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

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|  |

Who is responsible in an emergency *(state if different for off-site activities)*

|  |
| --- |
|  |

Plan developed with

|  |
| --- |
|  |

Staff training needed/undertaken – who, what, when

|  |
| --- |
|  |

Form copied to

|  |
| --- |
|  |

**Please note it is your responsibility to ensure that school is informed if things change.**

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

Date for Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix 2: Parental Agreement for Administering Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date for review to be initiated by |  | | | |
| Name of school/setting |  | | | |
| Name of child |  | | | |
| Date of birth |  |  |  |  |
| Group/class/form |  | | | |
| Medical condition or illness |  | | | |
| **Medicine** |  | | | |
| Name/type of medicine  *(as described on the container)* |  | | | |
| Expiry date |  |  |  |  |
| Dosage and method |  | | | |
| Timing |  | | | |
| Special precautions/other instructions |  | | | |
| Are there any side effects that the school/setting needs to know about? |  | | | |
| Self-administration – y/n |  | | | |
| Procedures to take in an emergency |  | | | |
| **NB: Medicines must be in the original container as dispensed by the pharmacy**  **Contact Details** | | | | |
| Name |  | | | |
| Daytime telephone no. |  | | | |
| Relationship to child |  | | | |
| Address |  | | | |
| I understand that I must deliver the medicine personally to | [agreed member of staff] | | | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

# Appendix 3: record of medicine administered to an individual child

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school/setting |  | | | |
| Name of child |  | | | |
| Date medicine provided by parent |  |  |  |  |
| Group/class/form |  | | | |
| Quantity received |  | | | |
| Name and strength of medicine |  | | | |
| Expiry date |  |  |  |  |
| Quantity returned |  | | | |
| Dose and frequency of medicine |  | | | |

Staff signature

Signature of parent

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |

**Record of medicine administered to an individual child (continued)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |