Runways End March 2018

Healthcare Plan

Child's Name _____ DOB _____

Address _____

_____

Home telephone number _____

Emergency Contact Numbers

Name _____ Home _____ Work _____
Mobile _____

Name _____ Home _____ Work _____
Mobile _____

GP name & address _____
Telephone No _____
Clinic/Hospital Contact _____
Telephone No _____

Medical Conditions:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Advanced Care Plan YES/NO

Daily Healthcare Requirements, Emergency Treatment & Personal Care Needs

1. Describe your child's daily healthcare needs:

2. What are the symptoms of an emergency?

3. What action should be taken if this occurs?

4. Describe your child's Personal Care needs:

Medication(s)

Name of Medication	Dose	Time(s) given	Home / School

Additional Information:

Signed_____ Parent / Carer

Date _____

Signed _____ Headteacher / Deputy Headtecher

Date _____

Signed_____ School Nurse

Date _____

This form is to be reviewed on an annual basis or sooner if your child's healthcare needs change.

IT IS THE PARENTS / CARERS RESPONSIBILITY TO INFORM THE SCHOOL OF ANY CHANGES.

Administration Of Medicines / Treatment Consent Form

Child's name: _____

Date of birth: _____

Address: _____

_____

Home telephone number _____

Name of Parents/Carers _____

Parent's Work Tel _____

Parent's Mobile No _____

Name & Address of GP _____

GP Tel No _____

Name of Medicine	Dose	Frequency	Completion Date of Course (If Applicable)	Staff Administered or Supervised Self Administration

PTO.....

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Please note that we can only administer prescribed medication. Please ensure medication is clearly labelled (both container and box)

I wish my child's medication to be administered by the school staff YES / NO

I agree to members of staff administering medicines / providing treatment to my child as above or in the case of an emergency, as staff consider necessary.

I recognise that school staff are not medically qualified.

Signed _____ (Parent/Carer)

Print _____

Date _____

Special Instructions:

_____

_____

_____

_____

_____

_____

Agreed by School _____Headteacher / Deputy Headteacher / School Nurse

Date _____