

SACRED HEART SCHOOL

INDIVIDUAL MEDICAL CARE PLAN 20

<u>Health Care Plan</u>		<u>PHOTO</u>
Child's Name		
Date of Birth		
Child's Address		
Medical diagnosis or condition		
Date	Review Date	
Family Contact Information		
1. Name		
Phone No. (Work)		
Phone No. (Home)		
Mobile Phone No.		
2. Name		
Phone No. (Work)		
Phone No. (Home)		
Mobile Phone No.		
Medical Contacts		
Practice name and address		
Phone No.		
GP Name		
Phone No. if different		
Hospital if applicable		
Hospital Tel. No.		

Describe medical needs and give details of child's symptoms:-

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

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

Follow up care

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

Sacred Heart School		
Parental agreement for school to administer medicine <i>The school will not give your child medicine unless you complete and sign this form.</i>		
Name of Child		
Date of Birth		Year
Medical condition or illness		
Medicine		
Name/type of medicine (as described on the container)		
Date dispensed		
Expiry Date		
Agreed review date to be initiated by (name of member of staff)		
Dosage and method		
Timing		
Special precautions		
Are there any side effects that the school needs to know about		
Self administration	Yes	No
Procedure to take in an emergency		
Contact Details		
Name		
Daytime telephone No.		Mobile telephone
Relationship to child		
Address		
<p>I understand that I must give written permission for staff to administer medicines I accept that this is a service that the school is not obliged to undertake I understand that I must notify the school of any changes in writing.</p>		
Signature (s)		Date