

Queen Mary’s Grammar School

## INDIVIDUAL HEALTH CARE PLAN

*For ongoing medical conditions or where medication is stored in school on a long-term or emergency only basis.*

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| **Pupil Name** |  |
| **Form Group** |  |
| **Date of Birth** |  |
| **Home Address** |  |
| **Medical Condition (summary)** |  |

**Doctors Details**

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| **GP Name** |  |
| **Surgery Address** |  |
| **Phone number** |  |

**Specialist Consultant/Nurse (if applicable)**

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **Phone number** |  |

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| **Date of Plan** |  |
| **Proposed Review Date** |  |

**Describe medical needs and give details of symptoms, signs, triggers, etc.**

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**Details of medication required in school, including dose, method and time, side-effects, contra-indicators, etc. Who is responsible for administering medication? (self-administration/supervision/etc)  
Are there any specific storage requirements for medication**

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**Other daily care requirements required in school**

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**Specific support for pupil’s educational, social and emotional needs (if relevant)**

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**Different arrangements required for school visits/trips etc**  
*(Note residential trips are always covered by a separate consent form)*

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**Any other relevant information we need to be aware of?**

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**Parental and Pupil agreement**

I give consent for staff to supervise medication/medical care as indicated above in accordance with the school’s Medical Needs Policy.

I agree that that medical information contained in this plan may be shared with individuals involved with my child’s care and education (including emergency services).  
I understand that I must notify the school if there are any changes in these arrangements.

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| **Signature (pupil)** | **Date:** |
| **Signature (parent)** | **Date:** |
| **Parent Name** |  |
| **Parent contact details** |  |

**School Notes/Remarks**

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**EMERGENCY ARRANGEMENTS**

**Briefly describe what constitutes an emergency for your child**

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**Details of Emergency Medication (inc dose, how administered etc) and other emergency action required**

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**Who should we contact in an emergency and at what point?**

*(If staff have an immediate concern for life, they will always phone 999.   
This question relates to less serious emergencies)*

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**Asthma**

*Those pupils with a medical diagnosis of Asthma:*

Do you consent to your child using the emergency asthma inhaler kit: Yes / No

**Anaphylaxis**

*Those pupils with a medical diagnosis of anaphylaxis and who have been prescribed an adrenaline auto-injector:*

Do you consent to your child using the emergency adrenaline kit if required: Yes / No