



# Health Care Plan for Pupil with Medical Needs

2023/2024

MEDICAL CONDITION OR NEED:

### PUPIL DETAILS

Name:	Name of school: Crown Meadow School and Nursery
Date of Birth:	Year:                      Class:
Address:	Teacher:

### CONTACT INFORMATION

<u>Contact 1</u>	<u>Contact 2</u>
Name: .....	Name: .....
Phone no: Work: .....	Phone no: Work: .....
Home: .....	Home: .....
Mobile: .....	Mobile: .....
Relationship: .....	Relationship: .....

<u>Clinic/Hospital Contact</u>	<u>GP</u>
Name: .....	Name: .....
Clinic/Hospital: .....	Surgery: .....
Phone no: .....	Phone no: .....

Child attends STEPS:                       Before school                       After school

Date: .....                      Parental signature: .....

**Please keep Health Care Plan with any medication & Consent to Administer Prescription Medication form**                      2023/2024

<u>School authorisation:</u>	Form copied to: Parent / School file / Teacher / School nurse
Signed: .....	Date: .....                      Date for Annual Review: .....
Date added to Arbor: .....	STEPS informed:.....                      BAM informed (food): .....

## MEDICAL NEEDS

**Medical condition or need:**

**Describe details of individual signs or symptoms:**

Will the child be able to tell us they are unwell? Are there any known triggers?

**Care requirements:** (e.g. daily routines, before sports, at lunchtime)

Be specific about what/when things need to happen for the child.

Does this include Prescription Medication: y / n

Self Administration: y / n

**Communication required about medical needs:** (e.g. routine care, updates, incidents)

**Describe what constitutes an emergency for the pupil:**

**Action to take in an emergency:** Parents will be contacted in case of emergency.

**Follow up care:** (e.g. risk assessments, future appointments, reviews)