QUEEN MARY'S HIGH SCHOOL
INDIVIDUAL HEALTH CARE PLAN

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

Student's Details

Pupil Name	
Form Group	
Date of Birth	
Home Address	
Summary of Medical Condition(s)	

Doctor's Details

GP Name	
Surgery Address	
Surgery Contact Number	

Specialist Consultant or Care Professional's Details

Name	
Address	
Contact Number	

Date of Plan		**Proposed Date of Review**	

Describe your child's medical needs and give details of symptoms, signs, triggers, etc.

Details of medication required in school including the dose, method, timing, side-effects, contra-indicators, etc. Please also state who is responsible for administering the medication (self-administered, supervised, etc) and if there are any specific storage requirements (e.g. to be kept in a fridge).

Please inform us of any other daily care requirements needed in school, including if there is any specific support required for pupil's educational, social and emotional needs.

Please state any other or different arrangements required for school visits or trips.

Is there any other relevant information we need to be aware of?

Parental and Pupil Agreement

I give consent for staff to supervise medication / medical care as indicated above in accordance with the school's Supporting Student's with Medical Needs Policy. I agree 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 it is my responsibility to notify the school if there are any changes in these arrangements and to ensure that current, in-date medication is provided where required.

Pupil's Signature:		**Date:**	
Parent's Signature:		**Date:**	
Parent's Name: (BLOCK CAPITALS)		**Parent's Contact Number:**	

School Notes or Remarks

EMERGENCY ARRANGEMENTS

Briefly describe what constitutes an emergency for your child.

Details of emergency medication (including dosage and how it is to be administered, etc) and any other emergency action required.

Who should we contact in an emergency and at what point? This question relates to less serious emergencies. If staff have an immediate concern for life, they will always phone 999.

Asthma (pupils with a medical diagnosis of Asthma)
Do you consent to your child using the emergency asthma inhaler kit, should their personal inhaler not be available?

Yes / No

Anaphylaxis (pupils with a medical diagnosis of Anaphylaxis and who have been prescribed an adrenaline auto-injector / EpiPen)
Do you consent to your child using the emergency adrenaline kit, should their personal adrenaline auto-injector not be available?

Yes / No