**Health & Medical Needs Plan**

**Note: The ‘Care Plan Contextual Information’ must be completed first**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name:**  |  | **Date of birth:** |  |
| **Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.** |
|  |
| **Prescribed medication** |
| Is prescribed medication required? Yes: [ ]  No: [ ] If yes, a ‘prescribed medication’ form will be required for each medication.  |
| **Daily care requirements** |
|  |
| **Specific support for the pupil’s educational, social and emotional needs** |
|  |
| **Arrangements for school visits/trips etc.** |
|  |
| **Other information** |
|  |
| **Describe what constitutes an emergency, and the action to take if this occurs** |
|  |
| **Who is responsible in an emergency *(state if different for off-site activities)*** |
|  |
| **Medical professionals involved in developing this plan** |
| **Name** | **Role** | **Contact email** | **Contact number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Staff training needed/undertaken – who, what, when** |
|  |
| **The agreement:** |
| **The school agrees to:*** Respond as agreed on the Health & Medical Needs Plan
* Contact the emergency services if there is an immediate risk to a pupil
* Contact parents/carers if

**The parent(s)/ carer(s) agree to:*** Provide accurate information
* Complete a new form if medical needs change
* Provide medical evidence, advice and guidance to support the Health & Medical Needs Plan
 |
| **Health & Medical Plan agreed by:** |
| **Name** | **Relationship/ Role** | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Plan copied to** |
| **Parent/carer** [ ]  | **Medipac/ Class staff** [ ]  | **School Medical File** [ ]  | **Pupil File** [ ]  |