**Logo

Description automatically generatedHealth & Medical Needs Plan**

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

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| **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** | | | | | | | | | |
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| **Specific support for the pupil’s educational, social and emotional needs** | | | | | | | | | |
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| **Arrangements for school visits/trips etc.** | | | | | | | | | |
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| **Other information** | | | | | | | | | |
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| **Describe what constitutes an emergency, and the action to take if this occurs** | | | | | | | | | |
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| **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** | |
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| **Staff training needed/undertaken – who, what, when** | | | | | | | | | |
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| **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** |
|  | | |  | | |  | | |  |
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| **Plan copied to** | | | | | | | | | |
| **Parent/carer** | | **Medipac/ Class staff** | | **School Medical File** | | | | **Pupil File** | |