



All Saints' CE Primary School

Medication in School Healthcare Plan

In order for us to keep medication for your child in school please complete and sign this form. The form will be reviewed annually. Please also include a copy of their Care Plan if applicable.

PUPIL DETAILS	
Name:	
Date of Birth:	
Class:	
Medical Diagnosis or Condition:	
Care Plan (if applicable) <i>Please tick</i>	New Care Plan enclosed <input type="checkbox"/> Care Plan held in school is <input type="checkbox"/> up to date
Name of medication kept in school (as described on container):	
PUPIL'S MEDICAL NEEDS	
Description of the pupil's symptoms, triggers, signs etc	
Description of the pupil's medication, including dose, storage instructions (e.g. refrigerated) method of administration, when it should be taken, all side effects relating to the medication, contraindications, administered by/self-administered with/without supervision:	

Medication in School Healthcare Plan (cont.)

PHYSICAL ACTIVITY	
Are there any physical restrictions caused by the pupil's medical condition?	
Include details of any extra care required before, during or after physical activity:	
SCHOOL VISITS	
Does the pupil need additional care when attending a visit away from the school?	
OTHER INFORMATION	
Who is the responsible person in an emergency?	
What constitutes an emergency e.g. symptoms?	
What procedure should be followed in an emergency?	
CONSENTS	
I consent to the school using their epi-pen (0.3mg) on my child in the case of an emergency	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I consent to the school using their inhaler on my child in the case of an emergency	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

By signing this form, you are giving your permission for the school to keep and administer medication as detailed by you on this form and acknowledging that it is your (not school) responsibility that all medication is in date.

Parental Name (BLOCK CAPITALS): _____

Parental Signature: _____ Date: _____