



Health Care Plan

In line with the Ox Close Primary School Policy for the Administration of Medicines, this form may only be completed after the Headteacher has agreed to administer medication to be taken on a regular basis or short term but with a complex regime. Medication will be administered by Mrs Shepherd, Mrs Franklin and Mrs Dixon.

Pupil Details:

Name of child:	Date of birth:
Class:	Year group:
Medical diagnosis or condition:	
Date:	Review date:

Medicine:

Name / Type of Medicine:	
Date dispensed:	Expiry date:
Agreed date to administer medication from and to:	
Dosage and method:	
Time to be administered:	
Any special precautions:	
Any known side effects:	
Self administration: Yes / No * delete as appropriate	
Procedures to take in an emergency:	

Family Contact Information

First Contact

Name:
Home Telephone Number:
Work Telephone Number:
Mobile Telephone Number:

Second Contact

Name:
Home Telephone Number:
Work Telephone Number:
Mobile Telephone Number:

Clinic / Hospital

Name:

Telephone Number:

GP

Name:

Telephone Number:

Description of medical needs and child's symptoms:

Daily care requirements (e.g. before sport / at lunchtime):

Description of what constitutes an emergency for the child and the action to take if this occurs:

Follow up care:

I understand that I must notify the school of any changes in writing.

Signed:

Adult (with Parental Responsibility) completing form: _____

Headteacher: _____ Date: _____