



Birches Primary School

Healthcare Plan for a Pupil with On-going Medical Needs eg: Asthma

Your child’s medical information will be placed on the school medical information sheet and displayed in designated places in the school.

Name: _____

Date of birth : _____

Condition : _____

Class : _____ Date : _____ Review Date : _____

Contact Information

Contact 1

Contact 2

Name : _____

Name : _____

Phone No. (work) _____

Phone N. (work) _____

(home) _____

(home) _____

Relationship : _____

Relationship : _____

G.P. Information

Name : _____ Phone No. _____

Describe condition and give details of pupil’s individual symptoms:

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

Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

Follow up care:



Birches Primary School

Request for school to Administer Medication

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff* can administer the medication.

*It is at the discretion of staff as to whether or not they agree to administer medication.

Details of Pupil

Surname : _____

Forename(s): _____

Address : _____

Male/Female : _____

Date of Birth : _____

Class : _____

Condition or Illness : _____

Medication

Name/Type of Medication _____

(as described on container) :

For how long will your child take this medication: _____

Date dispensed _____

Full directions for use _____

Dosage and Method _____

Timing _____

Special Precautions _____

Side Effects _____

Self Administration _____

Procedures to take in event of emergency : _____

Contact Details

Name : _____ Daytime Tel. No. _____

Relationship to Pupil : _____ Other contact no. _____

Address : _____

I understand that I must deliver the medicine personally to class teacher and accept that this is a service which the school is not obliged to undertake.

Signature(s) _____ Date : _____

Relationship to Pupil _____

