



**HEALTHCARE PLAN FOR STUDENTS**  
**WITH MEDICAL CONDITIONS**

**Strictly Private and Confidential**

**HEALTHCARE PLAN FOR STUDENTS  
WITH MEDICAL CONDITIONS**

**SECTION A**

**Student's Name**

**D.O.B.**

**Form Group**

**Address (Inc Postcode)**

c

**Family Contact 1**

**Family Contact 2**

Name

Name

Work

Work

Home

Home

Mobile

Mobile

**Medical Diagnosis / Condition**

**Describe medical needs and provide details of child's symptoms**

**Describe any daily care requirements which may be needed during the school day**


**Describe what constitutes an emergency for the child and the action to be taken**


**SECTION B**

**Consent for your child to carry his/her medication**

Name of medication		Required dose	
Name of medication		Required dose	
Name of medication		Required dose	

Print Name		Signature		Date	
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**SECTION C**

**Consent for School Health Advisor to administer medication**

Name of medication		Required dose	
Name of medication		Required dose	
Name of medication		Required dose	

Print Name		Signature		Date	
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**Note: All medicines must be supplied in original packaging as dispensed by the pharmacy and be labelled with the pharmacy sticker stating the child's name.**

**Please note section C does not include Paracetamol and Ibuprofen. These will only be given as a last resort and with verbal parental consent at the time it is deemed necessary.**

**SECTION D**

**Consent for your child to have access to an Emergency Asthma Inhaler  
(This is only applicable if your child is diagnosed with Asthma or prescribed with a Salbutamol Inhaler)**

- 1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler.**
- 2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.**
- 3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.**

<b>Print Name</b>		<b>Signature</b>		<b>Date</b>	
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**In order that we can continue to support your child in the most appropriate way it is extremely important that this paperwork is kept up to date and reviewed regularly.**

**All Healthcare Plans are reviewed annually during the Autumn Term.**

**Please notify us immediately of any changes to your child's Healthcare Plan.**

**In the event that we should need to call Emergency Medical Services for your child this information will be shared with relevant health care professionals.**

**Miranda Shann (RLS - School Health Advisor)**

**[mshann@royallatin.org](mailto:mshann@royallatin.org)**

**Telephone 01280 827372**

**Additional Notes**

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