|  |  |
| --- | --- |
| Child’s name |  |
| Year Group |  |
| Date of birth |  |
| Child’s address |  |

|  |  |
| --- | --- |
| Medical diagnosis or condition |  |
| Date |  |
| Review date |  |

**Family Contact Information**

|  |  |
| --- | --- |
| 1. Name |  |
| Relationship to child |  |
| Contact number |  |
| 2. Name |  |
| Relationship to child |  |
| Contact number |  |

**Clinic/Hospital Contact**

|  |  |
| --- | --- |
| Name |  |
| Telephone Number |  |

**G.P**

|  |  |
| --- | --- |
| Name |  |
| Telephone Number |  |

|  |  |
| --- | --- |
| Who is responsible  for providing  support in school |  |

|  |
| --- |
| Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc. |
|  |

|  |
| --- |
| Name of medication, dose, method of administration, when to be take, side effects, contra-indications, administered by/self-administered with/without supervision. |
|  |

|  |
| --- |
| Daily care requirements. |
|  |

|  |
| --- |
| Specific support for the pupil’s educational, social and emotional needs. |
|  |

|  |
| --- |
| Arrangements for school visits/trips etc. |
|  |

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| --- |
| Other information |
|  |

|  |
| --- |
| Describe what constitutes an emergency, and the action to take if this occurs. |
|  |

|  |
| --- |
| Who is responsible in an emergency (state if different for off-site activities) |
|  |

|  |
| --- |
| Plan developed with |
|  |

|  |
| --- |
| Staff training needed/undertaken- who, what, when. |
|  |

|  |  |
| --- | --- |
| Parent signature |  |
| Staff signatures |  |
| Date |  |
| Review date |  |