

MED 1

Pupil Details

Name		Class	
Date of Birth		Date MED1 form completed	
Conditions(s)		Review date *	
		*Reviews will take place annually / or sooner if there are any changes in conditions or treatments	

Family Contact 1		Family Contact 2	
Name		Name	
Telephone number		Telephone number	
Relationship		Relationship	
GP		Clinic/Hospital <i>(if applicable)</i>	
Name		Name	
Address		Address	
Phone number		Phone number	

Does your child take medication at home?	Yes / No	If yes please give details
Will your child require medication during school hours?	Yes* / No	*If yes please complete a MED 3 Medicines Form / MED 4 Inhaler form and return to school along with their medication

For office use: Medication during school hours: GENERAL ☐ REGULAR ☐ SPECIALIST ☐

Condition(s)	Briefly describe condition(s) and give details of pupil's individual symptoms /needs

Daily Care Requirements - include any special requirements, eg before sports / at lunchtimes

Describe what constitutes an emergency and what action needs to be taken.

If you have a hospital action plan or care plan please provide school with a copy.

In an extreme emergency our school policy is to call 999 and then parents

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

This Healthcare Plan will be followed by school staff both on and off-site

On-site: In an emergency the member of staff who is immediately nearest the child will stay with the child whilst a First Aider is sought. Once on scene the a First Aider will take responsibility of the child's care.

Off-site: In an emergency the member of staff who is immediately nearest the child will stay with the child. Help will be sought following the Educational Visit Risk Assessment for the offsite activity.

I give permission for this Healthcare Plan information to be shared with relevant staff at Lowercroft Primary School.

Signed by parent / carer Relationship to pupil Date

Received on behalf of Lowercroft Primary School Print name Date

Copy to class: Received by Print name Date