



Healthcare Plan for a Pupil with Targeted Support Needs

PUPIL DETAILS									
Surname:			Forename(s):						
Date of Birth:			Class:						
Medical Needs/C	Conditi	ion:							
CONTACT INFO	RMA	TION							
Family Contact 1		Name:							
		Address:							
		Phone Number (Home):							
		Phone Number (Work):							
		Relationship to Pupil:							
		Name:							
Family Contact 2		Address:							
		Phone Number (Home):							
		Phone Number (Work):							
		Relationship to Pupil:							
		Name:							
GP Specialist		Phone Number:							
Or Hospital Clini	c	Name:							
1 103pital Olli 110		Phone Number:							
WHO SHOULD I	IAVE	A COPY OF	THIS	PLAN?					
	Nam	ne:			D	esignation:	Date:		
Plan Prepared									
By:									
	D 1/0 0D					Olimina		O41	
Plan Shared with: (Provide Name & Contact no.)		ent/Carer: GP:				Clinic:		Other:	
DETAILS OF PUPIL AT SCHO		MEDICAL (CONDI	TION AND) T	HE IMPACT	THIS H	AS ON THE	
Details:				Impact:					
Medication:				Details of Dose:					
Method and Time	e of A	dministration							





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Daily Care Requirements (e.g., before sport; dietary; therapy; personal care needs):							
Special precautions, other instructions or in case							
of an emergency:							
Does this child require an	Yes		No □				
Emergency Plan?	(Please see emerge						
Follow-up Care:							
Members of staff trained to administer medication for this pupil:							
(Please state if different for off-site activities/school trips)							
PARENTAL CONSENT TO SHARE INFORMATION							
I agree that the medical information contained within this form may be shared with							
those involved in the care and education of:							
Cianad							
Signed:	Data						
/ -		Date:					
(Parent/Carer or pupil if over a							





Emergency Care Plan for a Pupil with Targeted Support Needs

EMERGENCY CARE PLAN						
Requ	uest for an ambulance to:					
Dial 9	Dial 999 and speak clearly and slowly.					
Ask for ambulance and be ready with the following information:						
1	Your telephone number					
2	Give your location as follows (insert school address and postcode):					
3	State that the A-Z reference is:					
4	Give exact location within the school					
5	Give your name					
6	Give brief description of pupil's symptoms					
7	Inform ambulance control of the best entrance and state that the crew will be met and taken to the pupil					

Remember to speak clearly and slowly.