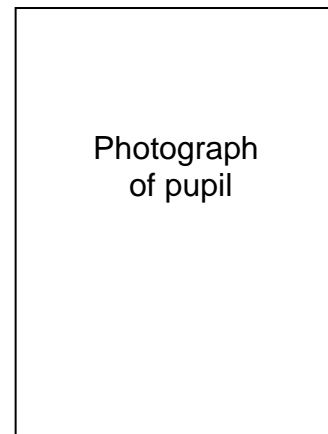


School Healthcare Plan (Long Term, Complex/Multiple Needs)
Page 1 of 5

Pupil's name
Date of birth
CHI
Address
School



Once completed, the parent/carer is responsible for taking a copy of this School Healthcare Plan to all relevant hospital/GP appointments for updating and informing the school

Signature of parent/carer

Date

Parent/Carer Contact 1

Parent/Carer Contact 2

Name	Name
Relationship to pupil	Relationship to pupil
Address	Address
☎ Home	☎ Home
☎ Work	☎ Work
☎ Mobile	☎ Mobile

Hospital/Clinic Contact(s)

Name	Name
Address	Address
☎	☎

General Practitioner(s)

Name	Name
Address	Address
☎	☎

Signature of parent/carers

Date

Details of Medical Condition

Details of Care

Details of Emergency Care

Signature of parent/carer

Date

School Healthcare Plan (Long Term, Complex/Multiple Needs)
Page 4 of 5

This Plan was completed on _____ and its contents agreed by the undersigned.

Pupil's name
Date of Birth
School

Parent/carer

I wish my son/daughter/charge to have the medication/care detailed in this plan and I accept that the emergency services will be summoned as required in the event that the school staff are unable to administer the plan at any time where appropriate.

Name of parent/carer
Signature Date

Pupil

I agree to the care arrangements as detailed in this plan and the information shared with all education staff working with my child.

Name of pupil
Signature Date

The Head teacher/ Designated member of senior management

I agree to the procedures detailed in this plan being administered in school.

In the event that these procedures cannot be implemented at any time where appropriate the school will follow advice received from the health professionals in summoning the emergency services.

Name of member of staff
Signature Date

Copies held by parent/carer and head teacher

Signature of parent/carer

Date

School Healthcare Plan (Long Term, Complex/Multiple Needs)

Page 5 of 5

This Plan was reviewed on _____ and its contents agreed by the undersigned.

Date of next planned review

Pupil's name
Date of Birth
School

Parent/carer

I wish my son/daughter/charge to have the medication/care detailed in this plan and I accept that the emergency services will be summoned as required in the event that the school staff are unable to administer the plan at any time where appropriate.

Name of parent/carer
Signature Date

Pupil

I agree to the care arrangements as detailed in this plan and the information shared with all education staff working with my child.

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Name of member of staff
Signature Date

Copies held by parent/carer and head teacher

Signature of parent/carer

Date