

# INDIVIDUAL HEALTH CARE PLAN FOR STUDENTS WITH MEDICAL CONDITIONS RINGWOOD SCHOOL

This form is based on the legislation "Supporting Pupils with Medical Conditions" DoH 2014

**Date:** .....

**Review Date:** .....

## Student Information:

**NAME:** ..... **DOB:** ..... **TUTOR:** .....

**MEDICAL CONDITION:** .....

**SIGNS AND SYMPTOMS:** .....

**TRIGGERS:** .....

**WHAT CONSTITUTES AN EMERGENCY:** .....

**MEDICATION TAKEN:** ..... **DOSE:** .....

**HOW IS IT TAKEN (eg inhaled, tablets, syrup, injected):** .....

*If medication is to be taken in school and stored in the Medical Room, please complete the Medication Consent Form and return to the School Nurse.*

**SELF ADMINISTRATION:** Please inform the School Nurse if your child is to self-medicate or carry medication on them (only applicable for Adrenaline Auto-injectors e.g. Epipens, Asthma and Diabetic medication) and give details below and overleaf

## CONTACT INFORMATION

**1) NAME:** ..... **RELATIONSHIP TO CHILD:** .....

**HOME PHONE:** ..... **MOBILE PHONE:** .....

**WORK PHONE:** ..... **EMAIL:** .....

**2) NAME:** ..... **RELATIONSHIP TO CHILD:** .....

**HOME PHONE:** ..... **MOBILE PHONE:** .....

**WORK PHONE:** ..... **EMAIL:** .....

**HOSPITAL / CLINIC CONTACT** e.g. Consultant, Specialist Nurse. Please attach any Hospital or Clinic Care Plans – these will form part of your child’s care plan in school:

NAME: ..... TELEPHONE: .....

GP NAME: ..... SURGERY: .....

TELEPHONE NUMBER: .....

**DESCRIBE MEDICAL NEEDS AND DETAILS OF SYMPTOMS, TRIGGERS, SIGNS, TREATMENTS, EQUIPMENT OR DEVICES:**

.....  
.....  
.....

**DAILY CARE REQUIREMENTS (e.g. before sport or meal times):** .....

.....  
.....

**SPECIFIC SUPPORT FOR STUDENT’S EDUCATIONAL, SOCIAL AND EMOTIONAL NEEDS:** .....

.....

**ANY SPECIAL EDUCATIONAL NEEDS:** .....

**STAFF TRAINING NEEDED:** .....

**ARRANGEMENTS FOR SCHOOL VISITS / TRIPS** (this care plan will accompany your child on any trips and makes up part of the risk assessment for students with medical conditions): .....

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**ANY OTHER INFORMATION THAT MAY BE HELPFUL:** .....

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**PARENTAL AGREEMENT:**

I agree that the medical information contained in this care plan may be shared with individuals involved in my child’s care and education (this includes emergency services).

Signed: ..... Date: .....

Print Name: .....

Please return the completed form to [medical@ringwood.hants.sch.uk](mailto:medical@ringwood.hants.sch.uk)