

Following guidance available in the Supporting Pupils with Medical Issues Policy

October 2020

Building Learning Power

Our core vision is that all members of the school learning community, share understand and live by our core aim of growing learners. Together we work in an effective partnership to build a successful future for all.

Name	
Date of Birth	
Class	
Medical Condition	
Date of this Plan	
Review Date	
Medical Centre & Phone Number	PCMF Telephone 3226 / 3224893
Health Professional & Phone Number	

Emergency Family Contact – 1	
Name	
Relationship	
Tel No (Home)	
Work	
Mobile	
Emergency Family Contact - 2	
Name	
Relationship	
Tel No (Home)	
Work	
Mobile	
Emergency Family Contact - 3	(To be used when parent is away from usual place of work)
Name	
Relationship	
Tel No (Home)	
Work	
Mobile	

Medication	
I would like to come into school to administer	
the medication (for regular dose medication)	
I request that the school administer	
medication for my child	
N. /T. (N. 1)	
Name/Type of Medication	
Full directions for use	
For how long will your child take this	
medication	

Child's Needs in School	(Duplicate this section if the child has more than one medical condition)
Daily care requirements (e.g. before lunch/sport)	
What constitutes an emergency for the pupil?	
Has this happened in the past? Please describe what happened before, during and after.	
Who is responsible in an emergency?	
What action should be taken?	
Mild to moderate reaction	
Signs and Symptoms	

Severe reaction		
Signs and Symptoms		

PARENTAL RESPONSIBILITY-general list

- Parents will inform the school of any changes in the child's condition, required medication or dosage, in writing.
- Parents will provide the correct medication clearly labeled with the child's details, preferably in the original 'dispensed' container.
- Parents will check medication regularly to ensure it is not past its Expiry Date and is usable.
- Parents will regularly remind the child support the management of their condition, for example in the case of an allergy, to avoid any known allergen and any foods that may contain it.
- Provide a suitable packed lunch and snack, or give written consent.
- Consideration should be given to the pupil's transportation to and from school, with regard to their medical needs. Parents will inform QOGLR if bus transport is used.

School Responsibility

- Ensure all staff in direct contact with the child are aware of medical plan
- Identify the child and their condition on the MEDICAL list of children
- Ensure all relevant staff competent to administer the correct treatment
- Ensure the correct treatment is held in optimal conditions and taken with the child on external trips

, i	y to an agreed member of staff, name, and ed to undertake. The school agrees to administer the medicine as
We, the undersigned, agree to this plan	
Headteacher	Date
ParentRelationship	Date

Hornbill School Individual Health Care Plan (IHC)

Health Professional	Date	

Time	Pupil's Name	Name of medication	Dose given	Any reactions	Signature
	Time	Time Pupil's Name	Time Pupil's Name Name of medication	Time Pupil's Name Name of medication Dose given	Time Pupil's Name Name of medication Dose given Any reactions Any reactions Dose given Any reactions