



## MEDICAL CARE PLAN (INCLUDING PRESCRIBED MEDICATION INFORMATION)



The College's First Aid and Student Welfare Policy can be viewed on the school website.

This document should only be completed if your child currently requires a Medical Care Plan or needs to take prescribed medication in school hours. Please **complete and sign both pages of this form** and return to the Student Welfare Officer at the same time as any medication required to be held in school. Thank you.

DETAILS OF STUDENT						
<b>Last Name:</b>				<b>First Name:</b>		
<b>Date of Birth:</b>		<b>Form:</b>		<b>M/F:</b>		
<b>Address:</b>						
MEDICAL INFORMATION						
<b>Name of Condition/Illness</b> <i>(please provide GP/Consultant evidence where possible):</i>						
1.						
2.						
3.						
<b>What daily care requirements and/or specialist arrangements are required in College</b> <i>(eg, activities to be avoided, individual menu plans for specific food allergies (evidence of allergy must be provided)):</i>						
<b>What constitutes an emergency</b> <i>(please give procedures that need to be taken should this happen):</i>						
<b>Follow-up care to be put in place by College</b> <i>(please contact the Student Welfare Officer should you need to talk about this in further detail):</i>						
1.						
2.						
3.						
<b>GP Name:</b>			<b>Consultant Name:</b>			
<b>Surgery:</b>			<b>Hospital:</b>			
<b>Telephone No:</b>			<b>Telephone No:</b>			
MEDICATION TO BE TAKEN (Medication left in College should be in the original packaging)						
<b>Name/Type of Medication</b> <i>(as described on the box/container):</i>						
1.						
2.						
3.						

**How long will your child be taking this medication:**

- 1.
- 2.
- 3.

**Dosage and timing (as given on the prescription label):**

- 1.
- 2.
- 3.

**Is your child able to self-administer?**

**YES/NO (delete as appropriate)**

**Special precautions/side effects:**

- 1.
- 2.
- 3.

**CONTACT DETAILS**

**Full Name of Contact 1:**

**Full Name of Contact 2:**

**Emergency Contact No:**

**Emergency Contact No:**

**Relationship to Student:**

**Relationship to Student:**

**Address:**

**Address:**

The Principal has agreed that the College's nominated First Aiders can hold **prescribed** medication for your child, if requested to do so by a Parent/Carer. **This is a service which the College is not obliged to undertake and which may be terminated at any time should the following criteria not be met.** Only prescribed medication can be held in College and must be fully labelled, in its original packaging and not carried around College by any Student. Any medication found to be in a Student's possession will be confiscated immediately unless it is for a life-threatening condition (asthma, diabetes, severe allergic reaction). **Failure to return this form (fully completed and signed) will result in any medication being returned home immediately.**

College will only give medication in accordance with the dosage printed on the prescription label and will not deviate from these instructions.

By the signing of this form, you also give permission for your child's health details to be recorded onto the College's computer system and the details used where deemed necessary. Whilst they are held securely, the information will be readily available to First Aiders, teaching and support staff as well as outside services should an incident occur (eg, Paramedics and catering staff in the case of allergies and intolerances).

*For those students with ASTHMA ONLY* - Following Government guidelines issued in September 2014 and the subsequent amendments to the Human Medicines Regulations Act 2012 allowing the use of emergency Salbutamol inhalers in schools, by signing this document you are giving consent for your child to use the College's emergency inhaler should it be required (if their own has been lost or has run out).

**Signature:** .....

**Name in Full:** .....

**Relationship to Student:** .....

**Date:** .....