**HEALTH CARE PLAN (HCP) – please complete electronically**

# STUDENT DETAILS

|  |  |
| --- | --- |
| **Student’s name** |  |
| **Date of birth** |  |
| **Medical diagnosis or condition(s)**  Describe medical needs and give details of child’s signs, symptom and triggers. |  |
| **Allergies** |  |
| **Date** |  |
| **Review date** |  |

# EMERGENCY SITUATIONS

An emergency situation occurs whenever the student needs urgent treatment to deal with their condition

|  |  |
| --- | --- |
| **Emergency signs and symptoms** |  |
| **What action to take.** |  |
| **Follow up.** |  |

# ESSENTIAL INFORMATION CONCERNING STUDENT HEALTH NEEDS

The following medical condition(s) require the following treatment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medicine | Dose | Method of administration. | When to be taken | Side effects |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# FAMILY CONTACT INFORMATION

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship** |  |
| **Mobile** |  |

|  |  |
| --- | --- |
| **Home / Work** |  |
| **Name** |  |
| **Relationship** |  |
| **Mobile** |  |
| **Home / work** |  |

# DAILY CARE ROUTINE

|  |  |  |
| --- | --- | --- |
| **Specific support for students social and emotional needs. (SEN)** |  | |
| **Is there any ongoing treatment that is not being administered in school? What are the side effects?** |  | |
| **How does the student’s medical condition affect learning?**  i.e. memory, processing speed, coordination etc. | |  |

# ROUTINE MONITORING (IF APPLICABLE) (ie for diabetes)

Some medical conditions will require monitoring to help manage the student’s condition

|  |  |
| --- | --- |
| **What monitoring is required?** |  |

# PHYSICAL ACTIVITY (IF APPLICABLE)

|  |  |
| --- | --- |
| **Are there any physical restrictions caused by the medical condition(s)?** |  |
| **Is any extra care needed for physical activity?** |  |
| **Actions before exercise** |  |
| **Actions during exercise** |  |
| **Actions after exercise** |  |

**By completion of this form you agree that your child can have their medication administered by a member of staff in an emergency.**

**Please use this section for any additional information for this student:**