

Summercroft Primary School – Pupil Healthcare Plan



Child's Name		Photo
Date of Birth		
Class		
Medical Condition		
Name of medication		
Location of medication		

DETAILS OF CARE PLAN		
Pupil triggers:		
Daily Care Requirements:		
Mild Reaction:	Action to take and list any side effects here	
Intermediate Reaction:	Action to take and list any side effects here	
SYMPTOMS OF SEVERE ATTACK:		
ACTION TO BE TAKEN FOR SEVERE ATTACK:		
WHO IS RESPONSIBLE IN AN EMERGENCY:	Name Person 1	
	Relationship	
	Telephone	
	Name Person 2	
	Relationship	
	Telephone	

Summercroft Primary School – Pupil Healthcare Plan



Specific Support for Pupils educational, social and emotional needs:	
Arrangements for break and lunchtime, PE lessons, clubs and off site visits:	
Plan developed with:	Name: Name: Name:
Staff training needed: State what training and for whom.	

- ☐ I consent to my child using the emergency inhaler/epipen held in the School Office
- ☐ I consent to my child's photo being displayed in the staffroom and the class Medication Folder to ensure that all relevant parties are aware.

Parent/Guardian:	Date:
Class Teacher:	Date:
Headteacher:	Date:

FORM COPIED TO:

Parents		Class Teacher		Class medical File	
Pupil file		SENCo		Office medical File	