

Water Primary School
Health Care Plan
Form 2

At Water School, children are at the centre of everything we do.
We aim to give our children the best possible opportunities and learning experiences,
enabling them to reach their full potential.
We aim to ensure that the children in our care are equipped for life-long learning
as responsible citizens in an ever-changing, diverse community.

We believe that we all have the right to be happy, to be safe and to learn.
This policy supports our responsibility to make this happen.

Child's name _____

Class _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or condition _____

Date _____

Review _____

Contact information

Family contact 1

Name _____

Phone No. (Work) _____

Phone No. (Home) _____

Phone No. (Mobile) _____

Family contact 2

Name _____

Phone No. (Work) _____

Phone No. (Home) _____

Phone No. (Mobile) _____

Clinic/Hospital Contact

Name _____

Phone No. _____

GP

Name _____

Phone No. _____

Describe medical needs and give details of child's symptoms:

Daily care requirements: e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Who is responsible in an emergency: (state if different for off-site activities)

Form copied to:

Form 3
Parental Agreement for school/setting to administer medicine

The school setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Child's name _____

Class _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or condition _____

Medicine

Name/Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by
(name of member of staff) _____

Dosage and method: _____

Timing: _____

Special precautions: _____

Are there any side effects that the school needs to
know about? _____

Self-Administration: _____ Yes/No (delete as appropriate) _____

Procedures to take in an emergency: _____

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

Address: _____

I understand that I must deliver the medicine personally to:

_____ (agreed member of staff)

And accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date: _____

Signature(s): _____

Relationship to the child: _____