

Wimbledon College



Individual healthcare plan

Pupil's name

Tutor Group

Date of birth

Medical diagnosis or condition

Date plan created

Review date

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to

Contact details

Pupil's Address

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Family Contact Information

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Relationship to child

--

Phone no. (work)

--

(home)

--

(mobile)

--

Clinic/Hospital Contact

Name

--

Phone no.

--

G.P.

Name

--

Phone no.

--

Wimbledon College

Record of medicine administered to an individual pupil



Name of child				
Date medicine provided by parent				
Group/class/form				
Quantity received				
Name and strength of medicine				
Expiry date				
Quantity returned				
Dose and frequency of medicine				

Staff signature _____ Staff Name _____

Signature of parent Parent Name _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Wimbledon College: Record of medicine administered to an individual child (Continued)

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Wimbledon College – procedure for contacting emergency services



Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

Your telephone number	
Your name	
Location	
Exact location in within school setting	
Name of pupil [and age if known]	
Brief description of pupil's symptoms or condition	
Brief description of pupil's existing medical condition if known	
Inform Ambulance control of best entrance to use and state if the crew will be met and taken to the patient	

Please leave a completed copy of this form next to the phone



Wimbledon College staff training record: administration of medicines

Member of staff

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Model letter to be completed by parents requesting that the school supervises the administration of medicines.

Date

Dear [Head Master],

Administration of prescribed medicines

(Name of pupil) has been diagnosed as suffering from (illness and condition). He is considered fit for school but requires the following prescription medicines to be administered during school hours (name of medicine). I have provided the named medicine in an appropriately labelled container, with dosage instructions clearly stated.

I understand that if the school has any medication for my son that is no longer required, or which is out of date, it will be returned to me for me to dispose of appropriately.

Could you please therefore supervise my son's (dosage) at (time).

Please continue this until (give date on which medication should stop).

I will let the school secretary know of any changes to these arrangements.

I accept that it is my son's responsibility to remember when to take his medication, to measure it out correctly and to actually administer it to himself, under the supervision of a member of staff.

Further instructions or information that the school may need:

Contact details:

Parent:

Daytime telephone no.: Email:

Signed : Date:



Wimbledon College: Parental agreement for the school to administer medicine

Wimbledon College will not give your child medicine unless you have requested us to do so in writing

[Wimbledon College has a policy that the staff can administer medicine]

Date for review to be initiated by	
Name of child	
Date of birth	
Form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration - y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Wimbledon College staff administering medicine in accordance with the school's policy. I will inform Wimbledon College immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____