



CALDER LEARNING TRUST

Medical Needs Support

Contains:

- 1. Individual Health Care Plans**
- 2. Permission to administer medicine other than paracetamol**
- 3. Emergency use of salbutamol inhaler**

Individual Healthcare Plan

Please complete this and return to cmeade@calderlearningtrust.com

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

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.

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, contra-indications, 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

Parental agreement for 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 the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/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

I understand that I must deliver the medicine personally to	[agreed member of staff]
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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature_____

Date_____

Emergency Use of Salbutamol Inhaler

Please only complete this if your child is living with Asthma and uses a Salbutamol/Ventolin inhaler. We have a number of emergency kits around school to support students should they have an asthma attack. If the symptoms persist we would automatically call 999 for emergency medical help.

Student name: _____

Form Group: _____

I can confirm that my child has been diagnosed with asthma and has been prescribed an salbutamol inhaler	Tick to confirm
My child has a recent, working inhaler which is clearly labelled with their name. They are capable of self-administering the inhaler and understand when to take it.	Tick to confirm
In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent to my child receiving Salbutamol from an emergency inhaler held by the Calder Learning Trust.	Tick to confirm

Parent Signature: _____ Date _____

Please return this form to cmeade@calderlearningtrust.com