



Mayfield Grammar School, Gravesend

Individual Health Care Plan

Only to be completed if your son/daughter has a serious health issue that will require medication to either be held in school or be self-administered during the school hours.

If you wish to discuss the contents of this Care Plan, please contact Mrs Lee on leet@msgg.kent.sch.uk

Pupil information

Name of the pupil	
Date of birth	
Form	
Address	
Medical diagnosis or condition/s	
Date form completed	

Family contact information

Family contact 1		Family contact 2	
Name		Name	
Telephone numbers		Telephone numbers	
Mobile		Mobile	
Home		Home	
Work		Work	

Medical information

GP		Other medical professionals	
Name		Name and role	
Telephone number		Telephone number	
Other medical professionals		Other medical professionals	
Name and role		Name and role	
Telephone number		Telephone number	

Describe the individual medical needs and give details of his/her symptoms.

Additional medical notes attached? (For example Diabetes Medical Management School Plan) **Yes/No**

Medication

Name of medication		
Dose/time taken		
Side effects		
Method of administration		
Is medication usually self-administered?	Yes/No	Yes/No
Is supervision usually required?	Yes/No	Yes/No
Where is the medication? (i.e. with pupil/main office)		

Emergency situation

Describe what constitutes an emergency situation for the pupil and what action has to be taken.

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Any further information the school needs to know?

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Parental Agreement

I agree that the medical information contained in this plan may be shared with individuals involved with the care of my child. I understand that I must notify the school of any changes in writing.

Signature	
Print Name	
Date	

If completing the form electronically, please print your name in the signature box.

School Agreement

Signature	
Print name	Mrs T Lee (SENCo)
Date	