**Health Plan (HP)**

Please complete an Health Plan if your child has a severe or complex medical condition, **or** if they have a health issue that will require medication to be held in school/be self-administered during school hours. Please note that more than one medical issue can be recorded on this Health Plan.

If you wish to discuss the contents of this Care Plan, please contact the school SENCO Mrs Lee on [leet@mgsg.kent.sch.uk](mailto:leet@mgsg.kent.sch.uk)

**Pupil information**

|  |  |
| --- | --- |
| Name | Surname: First Name: |
| Date of Birth |  |
| Form (if known) |  |
| 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 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.** |
|  |

|  |
| --- |
| **Any further information the school needs to know?** |
|  |

**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 |  |