



Wilmslow High School



Student Individual Healthcare Plan

Student's name		Date of birth	Tutor group
Student's address			
Post code			
Medical condition			
Emergency contact numbers			
Name	Relationship to student	Telephone Number	
Specialist Healthcare professionals involved			
Name and role		Contact telephone number	

1. Describe signs, symptoms and any trigger;

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2. Will your child require any support (including educational, social, emotional) to manage their condition during the school day? YES/NO

If YES, please give details;

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<i>Office use: Passes issued</i>				
Medical Needs card	Toilet pass	Lunch pass	Uniform Sticker	Time out card

Student Individual Healthcare Plan cont...

Name.....Tutor group.....

3. Will your child require any medication or treatment within the school day? **YES/NO**

If YES, please give details;

Name of medication	Dose	Time to be taken	Duration of treatment	Additional information (such as storage information)
<i>Example; Paracetamol</i>	<i>500mg</i>	<i>For headaches</i>	<i>N/A</i>	<i>4-6 hourly – no more than 8 tablets in 24 hours</i>

Administration of Medicines options – please choose Option one or Option Two

Option one	Option two
I would like my son/daughter to keep his/her medicine on him/her so that they may self-medicate as necessary.	I give consent to appropriately trained staff administering medicine in accordance with Wilmslow High School's policy on supporting students with medical conditions.
YES NO	YES NO

Please inform the medical needs team, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. Any medication to be administered must be in-date, labelled with your child's name and provided in the original container.

4. Are there any particular instructions in the event of an emergency? **YES/NO**

If YES, please give details

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Signed (parent/carer).....Date.....

Office Use:	
	Yes, No, N/A
Additional Staff training identified	
Information shared with all teachers	
Information on SIMS/class charts	
Information in Medical Needs Register	
Medical Needs Coordinator signature;	