



Homefield Preparatory School

Individual Healthcare Plan (Please complete fully)

CHILD'S NAME:

D.O.B:

FORM/CLASS:

FORM/CLASS TEACHER:

CONTACT INFORMATION

1) Family Contact Name:

Telephone Number:

Home:

Work:

Mobile:

Relationship:

2) Family Contact Name:

Telephone Number:

Home:

Mobile:

Work:

Relationship:

Please inform us if these details change

CHILD'S PHOTO

THIS IS ESSENTIAL



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OTHER EMERGENCY CONTACT

Name:
Telephone Number:
Home:

Work:
Mobile:
Relationship:

Any other information:

G.P.'S CONTACT DETAILS

Name:
Address:

Telephone Number:

PLEASE DESCRIBE YOUR CHILD'S CONDITION: (Please attach a hospital letter detailing the condition where possible.)

PLEASE DESCRIBE THE LIKELY SIGNS AND SYMPTOMS YOUR SON MAY EXHIBIT AND TRIGGERS OR THINGS THAT MAY MAKE THE CONDITION WORSE:

PLEASE LIST ANY MEDICATION YOUR SON RECEIVES:



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PLEASE LIST THE PRESCRIBED MEDICATION YOU REQUIRE THE SCHOOL TO STORE:

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DESCRIBE THE CONDITION AND THE APPROPRIATE TREATMENT TO BE GIVEN, INCLUDING MEDICATION AND DOSAGE (AS DESCRIBED ON THE CONTAINER) AND METHOD OF ADMINISTRATION:

FOR MILD SYMPTOMS	APPROPRIATE TREATMENT
FOR SEVERE SYMPTOMS	APPROPRIATE TREATMENT

ARE THERE ANY SIDE EFFECTS THAT COULD AFFECT YOUR SON?

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ARE THERE ANY CONTRAINDICATIONS (SIGNS WHEN THIS MEDICATION SHOULD NOT BE GIVEN)?

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SELF ADMINISTRATION: CAN YOUR CHILD ADMINISTER THE MEDICATION THEMSELVES:

YES NO YES, WITH SUPERVISION

WHAT TO DO IN AN EMERGENCY:

ANY SPECIALIST ARRANGEMENTS REQUIRED FOR OFF-SITE ACTIVITIES:

AGREEMENT AND SIGNATURE: (Please tick each statement as you read it then sign at the bottom to say you agree)

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

- I give permission for staff in charge of my child to administer the required medication, I have attached a medication consent form to this healthcare plan.

- Where deemed appropriate by the school, I will provide/arrange training to the staff at Homefield Preparatory School. I accept that it is my responsibility to ensure that the school has in-date medication that is specifically labelled for my son's use, in the original packaging, as dispensed by the pharmacist.

Parent or legal guardian's printed name:

Parent or legal guardian's signature:

Date: