



# Loving, Learning, Living

Headteacher: Mrs Suzanne Connolly

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## Healthcare Plan for a Pupil with Medical Needs

Details of Child and Condition	
Name of child:	<i>Add photo here</i>
Date of birth:	
Class/Form:	
Medical Diagnosis/Condition:	
Triggers:	
Signs/Symptoms:	
Treatments:	
Has the Parental Consent Form been completed? <span style="float: right;">Yes/No</span> <i>(Medication cannot be administered without parental approval)</i>	
Date:	Review Date:
Medication Needs of Child	
Medication:	
Dose:	
Specify if any other treatments are required:	
Can the pupil self-manage his/her medication? Yes/No If Yes, specify the arrangements in place to monitor this:	

Indicate the level of support needed, including in emergencies: *(some children will be able to take responsibility for their own health needs)*

Known side-effects of medication:

Storage requirements:

What facilities and equipment are required? *(such as changing table or hoist)*

What testing is needed? *(such as blood glucose levels):*

Is access to food and drink necessary? *(where used to manage the condition): Yes/No*  
Describe what food and drink needs to be accessed

Identify any dietary requirements:

Identify any environmental considerations *(such as crowded corridors, travel time between lessons):*

Action to be taken in an emergency *(If one exists, attach an emergency healthcare plan prepared by the child's lead clinician):*

### Staff Providing Support

Give the names of staff members providing support (*State if different for off-site activities*):

Describe what this role entails:

Have members of staff received training? *Yes/No*

*(details of training should be recorded on the Individual Staff Training Record, Appendix 4)*

Where the parent or child have raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child's condition:

Detail the contingency arrangements in the event that members of staff are absent:

Indicate the persons (or groups of staff) in school who need to be aware of the child's condition and the support required:

### Other Requirements

Detail any specific support for the pupil's educational, social and emotional needs  
*(for example, how absences will be managed; requirements for extra time to complete exams; use of rest periods; additional support in catching up with lessons or counselling sessions)*

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**Emergency Contacts**

***Family Contact 1***

Name: \_\_\_\_\_

Telephone  
*Work:* \_\_\_\_\_

*Home:* \_\_\_\_\_

*Mobile:* \_\_\_\_\_

Relationship: \_\_\_\_\_

***Family Contact 1***

Name: \_\_\_\_\_

Telephone  
*Work:* \_\_\_\_\_

*Home:* \_\_\_\_\_

*Mobile:* \_\_\_\_\_

Relationship: \_\_\_\_\_

***Clinic or Hospital Contact***

Name: \_\_\_\_\_

Telephone:  
*Work:* \_\_\_\_\_

***GP***

Name: \_\_\_\_\_

Telephone:  
*Work:* \_\_\_\_\_

**Signatures**

*Signed*

\_\_\_\_\_

*(Headteacher)*

*Signed*

\_\_\_\_\_

*(Medication Coordinator)*