



INDIVIDUAL HEALTH CARE PLAN FOR STUDENTS WITH MEDICAL CONDITIONS

This form is based on guidance in 'Supporting Pupils with Medical Conditions in School' (DofE 2015).

Please ensure school records are kept up to date with at least two emergency contact numbers and correct GP surgery information. **If you have any questions or need support completing this form, please contact the Medical Officer.**

Name of student Tutor Group DOB

Medication must be in the original container/box as dispensed and labelled by the pharmacy

Medical Condition(s):

Allergies or Sensitivities:

Signs/symptoms/triggers:

WHAT CONSTITUTES AN EMERGENCY?

ACTION TO BE TAKEN DURING AN EMERGENCY:

EMERGENCY CONTACT DETAILS:

Name: _____ Relationship to student: _____

Tel no(s): _____

Name: _____ Relationship to student: _____

Tel no(s): _____

MEDICATION REQUIRED (including Insulin, inhalers and EpiPens)

Name/Type of medication	
Expiry Date	
Dosage/How taken/how long	
Possible Side Effects	
SPECIAL INSTRUCTIONS	
Method of administration and level of supervision required to administer:	

Specialist doctor/nurse contact details: (if applicable)	Name: Address: Tel no(s):
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MEDICAL MANAGEMENT REQUIRED

All medication needs to be supervised by the Medical Officer excluding Insulin and inhalers. All medication must be in date and updated when expired. The school does not provide emergency medication other than Ventolin.

Please tick as appropriate	
	I agree that my child can be administered their medication by a member of staff in an emergency.
	(Asthmatics/ Allergies only) I agree that if my child is asthmatic or has allergies and is not in possession of their own inhaler/ Epi pen that the school emergency Ventolin inhaler / Auto adrenaline Pen can be administered by a member of staff. Please note this is not to be used as a substitute for carrying one's own medication.
	I agree that my child can keep their Emergency medication on them for use when necessary.
	My child is able to self-manage their condition on a day to day basis.
	My child needs support in managing their medical condition (information below).
	I agree to the school having access to specialist nurse care plans and updates.

Parental Agreement

I agree that the medical information contained in this plan is correct and may be shared with individuals involved with my child's care and education needs (this includes emergency services). I understand that I must notify the school of any changes in writing. I understand the members of staff who are administering the Medicine are not medical professionals and will follow the plan as above.

- I will inform the school of medical conditions on all school trip consent forms
- I understand that all medications in school will be kept in the medical room.



Richard Lander School - Academic Year 2026/27

Signature _____ Date _____

FOR OFFICIAL USE ONLY:

Senior Management Agreement

It is agreed that (name of student) _____ will be supported in the management in their condition within school according to the details of this care plan. In an emergency the procedures set out in this plan will be followed.

This arrangement will continue until _____ (insert date of next review or until advised by parents/carers).

Signed _____

Date _____

PRINT NAME _____