



AYLESBURY GRAMMAR SCHOOL HEALTH CARE PLAN

Student's name	
Tutor group	
Date of birth	
Home address	
Medical diagnosis/condition	
Date	
Review date	

FAMILY CONTACT INFORMATION

	1ST Contact	2nd Contact
Name		
Relationship to student		
Home phone Number		
Mobile phone number		
Work phone number		

MEDICAL CONTACTS

	Hospital/clinic	GP
Name		
Phone Number		

MEDICAL INFORMATION

Describe medical needs and give details of your son's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

CARRYING MEDICATION – Does your son carry his own medication (i.e. epipen, inhaler etc.)? If so please give details and where it can be found i.e. bag, blazer pocket.

Medication	
Where it can be found	

Continue on reverse

Cond.

NAME OF MEDICALTION, dose, method of administration, when to be taken, side effects, contra-indications.

Name of Medication	
Amount to be administered	
Method of administration	
When to be taken	
Any side effects	

ADMINISTRATION OF MEDICATION

Are you happy for your son to administer his medication?	YES	NO
Do you give permission for a member of staff to administer medicine?	YES	NO
Signature -----		

DAILY CARE REQUIREMENTS (i.e. medication administered twice a day before sport etc.)

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SPECIFIC SUPPORT FOR THE PUPIL'S EDUCATIONAL, SOCIAL AND EMOTIONAL NEEDS

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ARRANGEMENTS FOR SCHOOL VISITS ETC

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PLEASE DESCRIBE WHAT CONSTITUES AN EMERGENCY, AND THE ACTION TO BE TAKEN

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