



MEDICAL CARE PLAN

FOR CHILDREN WITH AN MEDICAL CONDITION REQUIRING REGULAR TREATMENT

You will be asked to make an appointment to discuss your child's needs with the Headteacher.

Child's Name	
Date of Birth	
Description of medical condition (e.g. Asthma, Allergy)	
Symptoms Displayed	
Medication required:	
Dosage details:	
Other information which may be useful, particularly in an emergency. <i>Please attach any relevant documents you think may be useful to the school in meeting your child's needs.</i>	

This information is correct at the time of signing. I undertake to notify the school of any change in the information given. I undertake to ensure that adequate supplies of up to date medication are available in school.

Signed: (Parent/Carer)	
Date:	

ADMINISTRATION OF MEDICATION RECORD

	<i>Date</i>	<i>Time</i>	<i>Medicine given</i>	<i>Dose</i>	<i>Signature(s)</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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19					
20					