



Buckinghamshire County Council Health and Safety Handbook for Schools
Section 8.5 Managing Medicines in Schools and Early Years Settings
Issue 2 September 2008

FORM 2 - Healthcare Plan

Name of School/Setting _____

Child's name _____

Group/Class/Form _____

Date of Birth _____

Child's Address _____

Medical Diagnosis or Condition _____

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Name _____

Phone No. (work) _____

(home) _____

(mobile) _____

Family contact 2

Name _____

Phone No. (work) _____

(home) _____

(mobile) _____

Clinic/Hospital contact

Name _____

Phone No. _____

GP

Name _____

Phone No. _____

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Form copied to:

My child should carry their medication at break times and for outside PE. Yes / No

I would like my child to sit separately from other children at lunch time. Yes / No

I am happy for my child's photograph to be displayed in the Medical Room, Staff Room and Class Room. Yes / No



INVESTOR IN PEOPLE

