

*This SHORT TERM Care Plan must be authorised before your child is allowed into school*

**BINFIELD CE PRIMARY SCHOOL**

# **SHORT TERM CARE PLAN**

**(HEALTH) CARE PLAN FOR PUPILS IN SCHOOL WITH MEDICAL CONDITIONS**



## **1. Pupil Information**

Name of school: \_\_\_\_\_

Name of pupil: \_\_\_\_\_

Class: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M or F

Member of staff responsible for  
Home-school communication

## **2. Contact Information**

Pupil's Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

### **Family Contact 1:**

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

Phone (day): \_\_\_\_\_

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

Phone (evening): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### **Family Contact 2:**

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

Phone (day): \_\_\_\_\_

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

Phone (evening): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### **GP:**

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

Phone: \_\_\_\_\_

### 3. Details of pupil's medical conditions

Signs and symptoms of this pupil's condition:

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Triggers/Things that make this pupil's condition/s worse:

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### 4. Routine healthcare requirements

(For example, dietary, therapy, nursing needs or before physical activity)

During School Hours:

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Outside School Hours:

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### 5. Breaktimes

Is your child allowed to play outside at morning break and lunchtime?

*Please tick as appropriate:*

<input type="checkbox"/>	YES - I agree that my child can be outside at break and lunch times
<input type="checkbox"/>	NO - my child must not be allowed outside to play at break and lunch times

*Your child has to work with us by acting responsibly and following instructions, as laid out in this care plan.*

### 6. What to do in an emergency

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## 7. Medication to be taken during school hours

	Medication 1	Medication 2
Name/Type of medication (as described on the container):		
Dose and method of administration (amount to be taken, how the medication is taken, e.g.: tablets, inhaler, injection):		
When it is to be taken (time of day)?		
Are there any side effects that could affect this pupil at school?		
<b>Self Administration:</b> Can the pupil administer the medication themselves? <i>Please mark appropriately</i>	Yes  No  Yes, with supervision by school staff.	Yes  No  Yes, with supervision by school staff.

## 8. Any specialist arrangements required if off-site activities taking place during the term of this care plan

(please note the school will send parent a separate form prior to each residential visit/off-site activity)

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## 9. Any other information relating to the pupil's healthcare in school

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### **Parental and pupil agreement**

I agree that the medical information contained in this plan may be shared with individuals involved in my child's care and education (this includes emergency service). I understand that I must notify the school of any changes in writing.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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

### **Head Teacher Agreement**

It is agreed that (name of child) \_\_\_\_\_

Will receive medical attention as detailed in this document

This arrangement will continue until \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### **Short Term Care Plan Complete**

I confirm that this Short Term Care plan is now complete and no further medical considerations need to be made for my child, with regard to the details documented here.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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