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| **Child’s Name:** **D.O.B:** **Class:****Date completed:** | PHOTO  |
| **Medical Needs:**  | **Action required in school:** |
| **Details:** |
| **Parent contact details (Please include all contact numbers)** |
| **Daily Medical Routine (If required) ~**  |
| **Parents Responsibilities:*** Updating medication by used by dates
* Informing school of changes to medical needs
* Informing school of changes to medication
* Completing this care plan annually or when changes occur
* When medication is sent home over the holidays, to return in in a labelled bag on return in September
 | **School Responsibilities:** * To make sure all medication is kept in the class medical box
* Class Medical box must be easily accessible to all staff
* Medical boxes with ALL medication must be taken on trips and sporting events
* All inhalers/ Epi pens should be in a sealed bag in the medical box
* To follow the care plan instructions
* To complete the medical logs and have 2 members of staff to sign the logs when medication is administered
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| **KEY SCHOOL ADULTS:**1. Class Teacher
2. Class Teaching Assistant
3. Office staff
4. Katie Turner - SENDCO
 |
| **GP CONTACT DETAILS:** |

**SIGNATURE………………………………….….. NAME………….…………………………… DATE………………………….**