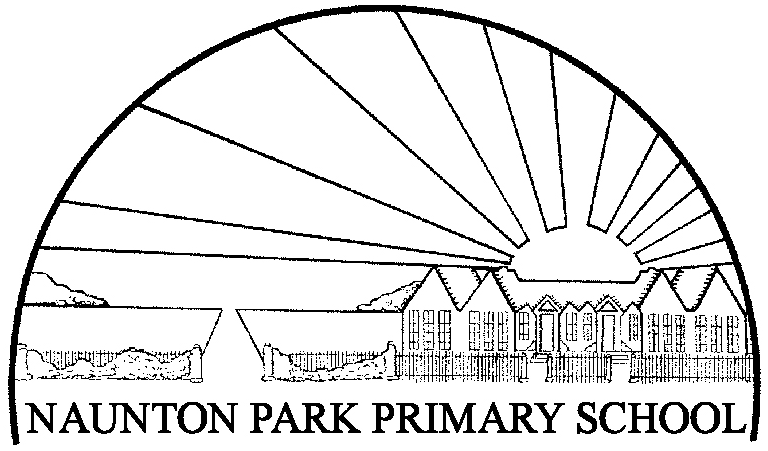
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|  |  |  |
| --- | --- | --- |
| **Child’s Name:**  **D.O.B:**  **Class:**  **Date completed:** | | PHOTO |
| **Medical Needs:** | | **Action required in school:** |
| **Details:** | |
| **Parent contact details (Please include all contact numbers)** | | |
| **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 | |
| **KEY SCHOOL ADULTS:**   1. Class Teacher 2. Class Teaching Assistant 3. Office staff 4. Katie Turner - SENDCO | | |
| **GP CONTACT DETAILS:** | | |

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