|  |  |
| --- | --- |
| Name of school/setting | **St Joseph’s Catholic Infant School** |
| Child’s name |       |
| Class/group/form |       |
| Date of birth |       |       |       |  |
| Child’s address |       |
| Medical diagnosis or condition |       |
| Date |       |       |       |  |
| Review date |       |       |       |  |
| **Family Contact Information** |
| Contact Name (1) |       |
| Relationship to child |       |
| Phone no. (work) |       |
| (home) |       |
| (mobile) |       |
| Contact Name (2) |       |
| Relationship to child |       |
| Phone no. (work) |       |
| (home) |       |
| (mobile) |       |
| **Clinic/Hospital Contact** |
| Name & Title of contact |       |
| Hospital/clinic name |       |
| Phone no. |       |
| **G.P.** |
| Name |       |
| Surgery  |       |
| Phone no. |       |

|  |  |
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| Who is responsible for providing support in school | Headteacher, teachers, first aiders, all staff in child’s class to be aware of medical needs to ensure they are able to support if necessary |

Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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|       |

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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|       |

Daily care requirements eg before sport, at lunchtime

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|       |

Specific support for the pupil’s educational, social and emotional needs

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|       |

Arrangements for school visits/trips etc.

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|       |

Other information

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|       |

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

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|       |

Who is responsible in an emergency *(state if different for off-site activities)*

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|       |

Plan developed with

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|       |

Staff training needed/undertaken – who, what, when

|  |
| --- |
|       |

Form copied to (please circle)

|  |
| --- |
| Parents / Carer / Class Teacher / school medical file / HV / GPOther please state ………………………………………………… |
| Parent’s signature:     Date:       | Headteacher’s signature:……………………………………………….Date: ……………………………………….. |