|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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

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Form copied to (please circle)

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