METROPOLITAN BOROUGH OF CALDERDALE
ST. ANDREW'S CE (AIDED) JUNIOR SCHOOL

INDIVIDUAL CARE PLAN FOR PUPIL WITH MEDICAL NEEDS

This form should be completed by Health Service Professionals and Parents/Carers

Name of pupil:	**D.O.B:**
Year group & class:	
Child's address:	

	CONTACT 1	**CONTACT 2**
Name & relationship to child:		
Telephone numbers		
Work:		
Home:		
Mobile:		

Condition (include its triggers, signs, symptoms):

Daily Requirements (if applicable)*:
*Should your child refuse medication school will immediately contact the above named persons
How do we know when emergency procedures should be put in place?

Emergency Procedure:

CLINIC/HOSPITAL CONTACT	
Name:	
Phone number:	

G.P. CONTACT	
Name:	
Phone number:	

Who in School needs to be aware?

Arrangements that need to be in place for school trips?

Parent/carer signature*:

Date:

*By signing this document you give School permission to ensure that any medication needed is administered by either the child or a member of staff.