



ST. ANDREW'S CE (VA) JUNIOR SCHOOL

Headteacher: Mrs Smith

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INDIVIDUAL CARE PLAN FOR PUPIL WITH MEDICAL NEEDS

This form should be completed by School staff and Parents/Carers

Name of pupil:

D.O.B:

Year group & class:

Condition:

Medication required;

Daily Requirements (if applicable)

- **Dosage**
- **Time**

Emergency Procedure:

Parent/Carer Signed:

Date:

Teacher Signed:

