

Fairview Community Primary School



GENERAL MEDICAL CONDITION/FOOD INTOLERANCE OR ALLERGY CARE PLAN

Pupil Information

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Child's name

Date of birth

Child's address

Medical condition or allergy

Date

Review date (to be completed by school)

Family Contact Information

1st Emergency Contact Name

Relationship to child

Phone no. (mobile)

Phone no. (work)

2nd Emergency Contact Name

Relationship to child

Phone no. (mobile)

Phone no. (work)

Clinic/Hospital Contact (if applicable)

Name

Phone no.

G.P.

Name

Phone no.

Describe medical needs and give details of child's symptoms, triggers, signs, treatments 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

Daily care requirements (eg before sport/lunchtime)

Arrangements for school visits/trips etc. if different from above

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

To be completed by School:

Who is responsible for providing daily support in school

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

Staff training needed/undertaken – who, what, when

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