

Medical Information and Treatment Plan

Name:

Date of Birth:

Current Year/Class:

GP Contact Number:

(Name) may suffer from a reaction if he/she is

exposed to

(Name) also has (other relevant conditions)

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MEDICAL ALERT (to be completed by Headteacher, if necessary)

SYMPTOMS

CONTACT INFORMATION

Contact No 1

Name:
Telephone No:
Relationship:

Contact No 2 Name: Telephone No: Relationship:	
Contact No 3 Name: Telephone No: Relationship:	

PROCEDURE

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AWARENESS

The Headteacher will arrange for teachers and other staff in the school to be briefed about the condition and about other arrangements contained in this document.

If appropriate, the school staff will take all reasonable steps to ensure that (name) does not eat any food items unless they have been prepared/approved by his/her parent. (name) parents will remind their child regularly of the need to refuse any food items which might be offered to them by other pupils.

MEDICATION/STAFF TRAINING

The school will hold, under secure conditions, appropriate medication, clearly marked for use by designated staff or qualified personnel and showing an expiry date.

It is the parents' responsibility for ensuring the school has appropriate up-to-date medication and information.

In the case of epi-pens, the following volunteers from the school have undertaken to administer the medication. A training session was attended by:

Name Date/s

Name Date/s

Further advice is available to school staff at any point in the future where they feel the need for assistance. The medical training will be repeated

If there are proposals which mean that he/she may leave the school site, prior discussions will be held between the school and his/her parents to agree appropriate provision and safe handling of his/her medication.

STAFF INDEMNITY

The County Council provides a staff indemnity for any school staff (for schools buying into Surrey County Council Insurance) who agree to administer medication to a child given the full agreement of the parents and the school.

AGREEMENT AND CONCLUSION

A copy of these notes will be held by the school and the parents. Any necessary revisions will be the subject of further discussions between the school and parents. In any event, this Treatment Plan will be reviewed annually.

AGREED and SIGNED

On behalf of the school: Headteacher: Date

(Print Name):

Parent(s) of Parent: Date

(Print Name):