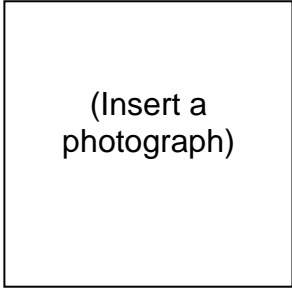


**BEXTON PRIMARY SCHOOL
ADMINISTRATION OF MEDICINES FOR YOUNG PEOPLE
HEALTH CARE PLAN**



SCHOOL

Young person's name

Date of birthGroup/class/form

Young person's address
.....
.....

Medical diagnosis or condition
.....

DateReview date

Family Contact Information

Name Phone no. (work)
(home)..... (mobile)

Name Phone no. (work)
(home)..... (mobile)

Clinic/Hospital Contact

Name Phone no.

G.P Name..... Phone no.

Describe needs and give details of young person's symptoms.

.....
.....
.....
.....

Medicines to be kept in

.....

Daily care requirements (e.g. before sport/at lunchtime).

.....

.....

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.....

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

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Follow up care.

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.....

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

.....

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.....

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Form copied to:

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