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**Oaklands School**

Pupil

Healthcare Plan

If your child suffers from an ongoing medical condition for which we need to hold medication on site, long term, such as Epipens, inhalers etc., please complete and return the following for our records. **ALL MEDICATION MUST BE PRESCRIBED BY YOUR GP.**

**Please obtain another form, a School Agreement Protocol, from the School Office if you require the School to hold an Epipen.**

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| **CHILD INFORMATION** |
| Pupil’s Full Name |  |
| Class/Year group |  | Date of Birth |  |
| Child’s Address |  | Medical Diagnosis or Condition |  |
| Prescribed Medication |  | Date Prescribed |  |

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| **CONTACT INFORMATION** |
| Family Contact 1 | Family Contact 2 |
| Name |  | Name |  |
| Telephone 1 |  | Telephone 1 |  |
| Telephone 2 |  | Telephone 2 |  |

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| **MEDICAL INFORMATION** |
| Clinic/Hospital Contact  | GP |
| Name |  | Name |  |
| Telephone  |  | Telephone  |  |
| Describe medical needs and give details of child’s symptoms |  | Describe what constitutes an emergency for the child, and the action to take if this occurs |  |
| Does your child’s condition restrict their ability to participate in sporting activities? If so, in what way? |  | Follow up care |  |
| Who is responsible in an Emergency (state if different for off-site activities) |  | Name of parent/guardian completing this form |  |
| Signature of parent/guardian |  | Date |  |