

Birtley Road, Bramley, Guildford, GU5 0HX Telephone: 01483 892346 Email: office@bramley.surrey.sch.uk www.bramley.surrey.sch.uk



Individual healthcare plan agreement for School

Name of child	
Date of birth	
Class	
Medical condition or illness	
Family Emergency Contact	
Name (Contact 1)	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name (Contact 2)	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
Child's G.P.	
G.P's Name	
Phone no.	
Medicine Given To School	
Name/type of medicine (as described on the container) (Including any equipment)	
Expiry date	
Dosage and method	
	1



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R	Peview date:	
Signature(s)	Date	
	e in accordance with the schools policy. I will inform th age in dosage or frequency of the medication.	e scnool
	knowledge, accurate at the time of writing and I give	
Is there any staff training required to be able to administer the medication?		
Describe what constitutes an emergency and the action to take if this occurs		
Any other information		
Arrangements for school trips		
Specific support for the pupil's educational, social and emotional needs		
Self-administration – Y/N Any daily care requirements		
Are there any side effects that the school/setting needs to know about?		
Special precautions/other instructions		
When to be taken		



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Record of medicine administered to child

Date		
Time given		
Dose given		
Name of member of staff		
Date		
Time given		
Dose given		
Name of member of staff		
Date		
Time given		
Dose given		
Name of member of staff		
Date		
Time given		
Dose given		
Name of member of staff		
Date		
Time given		
Dose given		
Name of member of staff		
Date		
Time given		
Dose given		
Name of member of staff		



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A Nurse	www.bramley.surrey.sch.uk				
Date					
Time given					
Dose given					
Name of member of staff					
		T			
Date					
Time given					
Dose given					
Name of member of staff					
Date					
Time given					
Dose given					
Name of member of staff					
Date .					
Time given					
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Date					
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Date					
Time given					
Dose given					
Name of member of staff					