



CHILD/ YOUNG PERSON'S INFORMATION		
Child's name:		
Date of birth:		
Year group:		
Nursery/School/College:		
Address:		
Town:		
Postcode:		
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours		
Allergies:		
Date:		
Document to be updated:		
FAMILY CONTACT INFORMATION		
Name:		
Relationship:		
Home phone number:		
Mobile phone number:		
Work phone number:		
Email:		
Name:		
Relationship:		
Home phone number:		
Mobile phone number:		
Work phone number:		
Email:		
Name:		
Relationship:		
Home phone number:		
Mobile phone number:		
Work phone number:		
Email:		
ESSENTIAL INFORMATION CONCERNING THIS CHILD / YOUNG PERSON'S HEALTH NEEDS		
	Name	Contact details
Specialist nurse (if applicable):		
Key worker:		
Consultant paediatrician		
GP:		
Link person in education:		

They are like trees that grow beside a stream that bear fruit at the right time and whose leaves do not dry up. They succeed in all they do. (Psalm 1:3)

Class teacher:		
Health visitor/ school nurse:		
SEN co-ordinator:		
Any provider of alternate provision:		

This child/ young person has the following medical condition(s) requiring the following treatment.

Medical condition	Drug	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	
Any medication will be stored	

ROUTINE MONITORING

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so what is the target?	

EMERGENCY SITUATIONS

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

IMPACT ON CHILD'S LEARNING

How does the child's medical condition effect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	

IMPACT ON CHILD'S LEARNING and CARE AT MEAL TIMES

	Time Note	Time Note
Arrive at school		

Morning break		
Lunch		
Afternoon break		
School finish		
After school club (if applicable)		
Other		
CARE AT MEAL TIMES		
What care is needed?		
When should this care be provided		
How's it given?		
If it's medication, how much is needed?		
Any other special care required?		
PHYSICAL ACTIVITY		
Are there any physical restrictions caused by the medical condition(s)?		
Is any extra care needed for physical activity?		
Actions before exercise		
Actions during exercise		
Actions after exercise		
TRIPS AND ACTIVITIES AWAY FROM SCHOOL		
What care needs to take place?		
When does it need to take place?		
If needed, is there somewhere for care to take place?		
Who will look after medicine and equipment?		
Who outside of the school needs to be informed?		
Who will take overall responsibility for the child/young person on the trip?		
SCHOOL ENVIRONMENT		
Can the school environment affect the child's medical condition?		
How does the school environment affect the child's medical condition?		
What changes can the school make to deal with these issues?		
Location of school medical room		
EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS		

Is the child/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? if so what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	

STAFF TRAINING

What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date	

SIGNATURES

	Name	Signatures	Date
Young person			
Parents/ carer			
Healthcare professional			
School representative			
School nurse			

ADDITIONAL INFORMATION
