

**MAGDALEN COLLEGE SCHOOL**

**Magdalen College School Individual Healthcare Plan**

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| Student’s name |  |
| Group/class/form  |  |
| Date of birth |  |
| Student’s address |  |
| Medical diagnosis or condition |  |
| Date |  |
| Review date |  |
| **Family contact information** |
| First contact name |  |
| Relationship to student |  |
| Phone no (mobile) |  |
| Phone no (home) |  |
| Phone no (work) |  |
| Second contact name |  |
| Relationship to student |  |
| Phone no (mobile) |  |
| Phone no (home) |  |
| Phone no (work) |  |
| **Clinic/Hospital contact** |
| Name |  |
| Phone no |  |
| **GP** |
| Name |  |
| Phone no |  |

Describe the medical needs of the student

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Give details of the student’s symptoms

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What are the triggers and signs?

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What treatment is required?

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Name of medication and storage instructions (if applicable)

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Can student administer their own medication: YES/NO

Does student require supervision when taking their medication: YES/NO

Arrangements for monitoring taking of medication

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Dose, when to be taken, and method of administration

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Describe any side effects

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Describe any other facilities, equipment, devices etc that might be required to manage the condition

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Describe any environmental issues that might need to be considered

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Daily care requirements

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Specific support for the student’s educational needs

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Specific support for the student’s social needs

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Specific support for the student’s emotional needs

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Arrangements for school visits/trips/out of school activities required

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Any other relevant information

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Describe what constitutes an emergency and the action to be taken when this occurs

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Does student have any additional healthcare plans? YES/NO

Staff training required

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| What: |

People involved in development of plan

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Form to be copied to

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