

## Healthcare Plan for a Pupil with Targeted Support Needs

<b>PUPIL DETAILS</b>				
Surname:	Forename(s):			
Date of Birth:	Class			
Name of School:				
Medical Needs/Condition				
<b>CONTACT INFORMATION</b>				
Family Contact 1	Name:			
	Address:			
	Phone Number (Home):			
	Phone Number (Work):			
	Relationship to Pupil:			
Family Contact 2	Name:			
	Address:			
	Phone Number (Home):			
	Phone Number (Work):			
	Relationship to Pupil:			
GP Specialist Or Hospital Clinic	Name:			
	Phone Number:			
	Name:			
	Phone Number:			
<b>WHO SHOULD HAVE A COPY OF THIS PLAN?</b>				
Plan Prepared By:	Name:		Designation:	Date:
Plan Shared with: (Provide Name & Contact no.)	Parent/Carer:	GP:	Clinic:	Other:
<b>DETAILS OF PUPIL'S MEDICAL CONDITION AND THE IMPACT THIS HAS ON THE PUPIL AT SCHOOL</b>				
Details:			Impact:	
Medication:			Details of Dose:	
Method and time of administration				

## Healthcare Plan for a Pupil with Targeted Support Needs

Daily Care Requirements (e.g., before sport; dietary; therapy; personal care needs):		
Special precautions, other instructions or in case of an emergency:		
Does this child require an Emergency Plan?	Yes (Please see emergency care plan) <input type="checkbox"/>	No <input type="checkbox"/>
Follow-up Care:		
Members of staff trained to administer medication for this pupil: (Please state if different for off-site activities/school trips)		
<b>PARENTAL CONSENT TO SHARE INFORMATION</b>		
I agree that the medical information contained within this form may be shared with those involved in the care and education of:		
Signed	Date	
(Parent/Carer or pupil if over age of legal capacity)		

## Emergency Care Plan for a Pupil with Targeted Support Needs

EMERGENCY CARE PLAN		
Request for an ambulance to:		Lenzie Meadow Primary School
Dial 999 and <b><u>speak clearly and slowly.</u></b> Ask for ambulance and be ready with the following information:		
1	Your telephone number	0141 955 2366
2	Give your location as follows (insert school address and postcode): Lenzie Meadow Primary Moss Road Lenzie G66 4HW	
3	State that the A-Z reference is:	
4	Give exact location within the school	
5	Give your name	
6	Give brief description of pupil's symptoms	
7	Inform ambulance control of the best entrance and state that the crew will be met and taken to the pupil	

**Remember to speak clearly and slowly.**