

Individual Care Plan

Medical Concern: _____

Name and DOB:

Emergency UK-Based contact

Name and number: _____

Relation: _____

GP Surgery name and number: (Boarders registered at Sibford Surgery)

Name and number of relevant specialist health care professional for above condition (e.g. Diabetic nurse)

Key Features of Condition:

(Triggers, symptoms, previous serious episodes etc.)

Treatment of Condition:

(Daily medications including dose, route of administration and time etc.)

Individual Care Plan

Signs/Symptoms of an emergency presentation:

Treatment and action to be taken in an emergency:

Any additional information:

(for example any additional daily care required or activities that may not be appropriate, such as climbing or swimming)

Individual Care Plan

✓ Please tick to consent to the following:

Asthma ONLY:

- I consent to the use of the school's spare salbutamol inhaler in case of emergency.

Anaphylaxis ONLY: (Please remember to also provide the school with a BSACI Allergy action plan)

- I consent to the use of the school's spare adrenaline auto-injector in case of emergency.

✓ **Parental Consent (please tick):**

- I understand that if medication is required during the school day it must be provided in its **original packaging** with **prescription sticker** attached and a **parental request for medication form** must be completed.
- I have checked and noted the expiry date of any medication and I accept responsibility to supply a replacement in good time.
- I understand that this care plan along with an image of my child will be kept in the main reception and could be accessed in an emergency by members of staff only.
- I understand it is my responsibility to inform the school of any changes to my child's condition/treatment/management, and provide an updated **Individual care plan** and **Medical form**.

Parent/Guardian signature: _____ Date: _____

Care Plan Reviewed by: _____ (School Nurse) Date: _____