Northallerton School & Sixth Form College
Learning and Achieving Together

HEALTH CARE PLAN FOR STUDENTS WITH SPECIAL MEDICAL NEEDS

This sheet, with your permission, will be distributed to staff to view. It will be treated as confidential.

For School Use Only
Form ……………………………..……
Admission Date ……………………
Please attach a photograph

Surname ………………………………………………………………

Forename ……………………………………………..……………

Date of Birth ……………………..

Condition: (please circle)

Asthma * Epilepsy Diabetes

Allergy to: ……………………………………………………………

Other (please specify) ………………………………………………

* in the event of my child showing symptoms of asthma and their inhaler not being available or being unusable, I give permission for my child to receive salbutamol from an emergency inhaler held in school for such emergencies.

Signed……………………………………………. Dated ………………..

Describe condition and give details of student's individual symptoms:

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

Daily care requirements whilst at school only (e.g. before sport/at lunchtime):

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

Describe what constitutes an emergency for the student and the action to take if this occurs:

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

Contacts:

Name …………………………………………………..	Name …………………………………………………..
Home Tel No:…………………………………………..	Home Tel No:…………………………………………..
Work Tel No:……………………………………………	Work Tel No:……………………………………………
Mobile No: ……………………………………………..	Mobile No: ……………………………………………..

Clinic/Hospital Contact	**GP**
Name:………………………………………………	Name:………………………………………………
Tel No:………………………………………………..	Tel No:………………………………………………..

If your child is going on a residential trip at any time please inform the member of staff concerned of any other requirements.