|  |  |
| --- | --- |
| Date |  |
| Review Date |  |
| Name of school | **Raglan Primary School** |
| Child’s name |  |
| Group/class/form |  |
| Date of birth |  |  |  |  |
| Child’s address |  |
| Medical diagnosis or condition |  |
| **Family Contact Information** |  |
| Name |  |
| Phone no. (work) |  |
| (home) |  |
| (mobile) |  |
| Name |  |
| Relationship to child |  |
| Phone no. (work) |  |
| (home) |  |
| (mobile) |  |
| **Clinic/Hospital Contact** |  |
| Name |  |
| Phone no. |  |
| **G.P.** |  |
| Name |  |
| Phone no. |  |

|  |  |
| --- | --- |
| Who is responsible for providing support in school (school to fill in this section) |  |

 **PTO**

Describe medical needs and give details of child’s symptoms, triggers, signs, treatments,

facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects,

contra-indications, administered by/self-administered with/without supervision

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Daily care requirements

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Specific support for the pupil’s educational, social and emotional needs

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Describe what constitutes an emergency, and the action to take if this occurs

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Staff training needed/undertaken – who, what, when (school to fill in this section)

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Form copied to (school to fill in this section)

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