



# Medical Health Care Plan

## Parental Agreement for *regular* administration of medicine at school

Please complete if applicable.

### Medicine

Name of medication (as labelled):.....

Dosage.....

Method.....

When to be given (e.g. lunch).....

Any side effects? .....

Self administer? Yes / No (please delete as appropriate)

Additional notes: .....

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff the administer medicine in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency or if the medication is stopped.**

**I understand I must deliver the medicine personally to an agreed member of staff and accept that this is a service that the school is not obliged to undertake.**

**I understand the terms of the staff indemnity and that Cedars Academy Trust thereby indemnifies all authorised staff at the school from and against claims for negligent actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any negligent act or omission by them in the administration of the medication to the pupil, provided always that the negligent act or omission was done in the course of their employment.**

Signed..... Relationship to child.....

Date.....

Name of Child:.....

Date of birth:.....

Class:.....

Diagnosed Medical Conditions/Illnesses

(including allergies):

.....  
.....  
.....  
.....

### Medical Contacts

GP Name and Phone number: .....

Consultant Name:.....

Clinic/Hospital:.....

Phone:.....

**EMERGENCY PROCEDURES**

**Some children have medical conditions that require emergency protocols to be put in place e.g. an epileptic seizure.**

**If your child has an emergency protocol planned by a clinic/hospital and requires an emergency response, please complete this form.**

Name of hospital and consultant who has planned the emergency protocol:

.....  
.....

Phone number:.....

Describe the medical needs and give details of your child's symptoms:

.....  
.....  
.....

Describe what constitutes an emergency for your child:

.....  
.....  
.....

What action should be taken if this occurs?

.....  
.....  
.....

Any additional information can be included here:.....

.....  
.....  
.....

Following the initial emergency response, what should we do next?

.....  
.....

**Please ensure school has a copy of the emergency protocol issued by the hospital/clinic**

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Signed..... Relationship to child.....

Date.....