

Photo of child

My Health Care Plan for

I self-medicate:

What is this plan for?

It tells me and others:

- How to manage my Health condition so I can stay well
- What to do if my Health condition gets worse

Name:

D.o.b.:

Class:

Contact details
parents/carers:

Key Healthcare
professionals

I have a condition called...

These means I...

1. My usual treatment or care routine

(If daily care routine involves multiple medicines, please fill in separate managing medication form)

2. My _____ is getting worse if...

3. I will speak to a healthcare professional if

Call 999 if ...

Triggers for my

These things can make my condition worse:

Access to my medicine

My medicines will be stored in the first aid room unless I need emergency access, in which case they will be available in the classroom as well.

If I go **on a trip**, the trip leader will ensure my medicines and anything else I need are taken too. They will make sure I have them with me or I know where they are being kept. They will plan this and any other provision using the **trip risk assessment form**.

Any other support including specific support for social, emotional and mental well being and impact on ability to learn

Plan created and agreed by: (To be reviewed annually)

Parents/Carers (P/C) I'm happy for this plan to be shared with all staff who work with my child. Yes: No:

I give consent (if applicable) for members of school staff to administer medicines

Yes: No:

P/C 1:

P/C 2:

On behalf of school staff