

Northwood Community Primary School

Medical Care Plan

Use this form to tell us about your child's health concern, medical condition or allergy.

Prescription medicines will only be administered at school when it would be detrimental to the pupil's health or school attendance not to do so and where we have parents' written consent. It must be in-date, labelled as dispensed by the pharmacist, and include name with instructions for dosage and storage.

PRIVATE & CONFIDENTIAL				
Pupil Name:				
Class:				
Medical Condition or Health Concern or Allergy:				
Long-Term or Short-Term Condition? (please tick)	Long		Short	
Does this condition need to be managed during school day? (please tick)	Yes		No	
Additional notes – please give as much information as possible to help us help your child:				
MEDICATION				
Name of medication:				
Dosage of medication:				
Time to be given:	If medicine is 3 times per day, it cannot be given during school hours.			
Expiry date:				
Special precautions?				
Last day to be taken?				

Parent or carer signature _____ Parents name _____

Parent email address _____ Date _____

Received by school on _____ by _____ input _____