



## General Medical Care Plan

The purpose of this form is to find out more about your child's medical condition and how this may affect their time during school. This is a confidential document however, please note that any information considered essential to your child's safety within the school or during off-site activities/trips may be shared with other staff as deemed necessary.

**Please complete this form in BLOCK CAPITALS in black ink.**

|                            |                     |
|----------------------------|---------------------|
| <b>Students Full Name:</b> | <b>Tutor Group:</b> |
| <b>Date of Birth:</b>      |                     |

|   |  |
|---|--|
| <b>Medical Condition:</b><br>Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, and behaviours. |  |
| Current medication taken for condition:   |  |
| Does your son/daughter need to take this medication during school hours?  | Yes/No<br>If yes, please complete the attached Authorisation for Medication form and return to Student Services with their medication. |
| Are there any side effects of this medication that we should be made aware of?  |  |
| Does their medical condition affect them in anyway e.g. concentration/behaviour/ability to join in sports activities                                  |  |

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| <b>Medical/Social links to the student:</b>   |  |
| Does your child regularly see any off the following? (If yes please give details)<br>Named doctor or hospital specialist<br>Health visitor<br>School nurse<br>Physiotherapist |  |
| What if any support do they use e.g. Splints/bandages/enlarged print  |  |

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|--|--|
| <b>Support During School Hours</b>   |  |
| Does this child require extra time for keeping up with work: e.g. missed work due to absences? |  |

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|---|--|
| Is there a situation where the student will need to leave the classroom? E.g. toilet breaks, visiting medical room.   |  |
| <b>Additional Notes –</b><br>Please use this space to inform us of any other information not covered by the above sections which you feel would be help us provide support for your child whilst at school: |  |
|   |  |

Please note that this medical form needs only be completed in the first instance upon joining the school or after notifying the school of a newly diagnosed medical condition. Thereafter it is the parents' responsibility to inform the school of any changes to the student's medical needs. This can be done online by using the Parent Portal facility on the school's website: <https://portal.warlingham.surrey.sch.uk/> or by letter, telephone or email to Student Services.

#### For Office Use Only

|   |       |
|---|-------|
| IMP created by:                           |       |
| Date:                                     |       |
| Copy sent to parent/guardian to complete  | Date: |
| Signed copy received from parent/guardian | Date: |
| Entered on SIMS                           | Date: |
| Risk Assessment required?                 |       |
| Completed by:                             |       |

