

General Medical Care Pan

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 if necessary.

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

Students Full Name:	Tutor Group:
Date of Birth:	

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

Support During School Hours	
Does this child require extra time for keeping up with work: e.g. missed work due to absences?	
Is there a situation where the student will need to leave the classroom? E.g. toilet breaks or to visit the medical room to take medication.	

Additional Notes –

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:

We would request that you send in any correspondence that you may have that could confirm your son/daughters medical condition, especially if you wish Student Services to administer medication to your child during the school day or whilst on trips/day visits. This will help us to understand your child’s medical condition and needs for more complex illnesses.

***Please tick any of the items below that you are attaching to this form:**

Hospital diagnosis letter	
GP diagnosis letter	
Physiotherapy report	
Repeat prescription form	
Health Visitor report	
Letter from medical professional	
Information given by medical specialist about condition	
Other (please indicate in the space provided)	

For Office Use Only

*Any paperwork sent in with this care plan will be copied and returned to you.

GCP 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:	