

## Form 9: School Healthcare Plan

This Plan was reviewed on \_\_\_\_\_ and its contents agreed by the undersigned.

<b>Pupil's name</b>
<b>Date of Birth</b>
<b>School</b>

### Parent/carer

I wish my son/daughter/charge to have the medication/care detailed in this plan and I accept that the emergency services will be summoned as required in the event that the school staff are unable to administer the plan at any time where appropriate. I give my consent to the information contained in this healthcare plan being shared with all staff working with my child.

<b>Name of parent/carer</b>
<b>Signature</b> <span style="float: right;"><b>Date</b></span>

### Pupil

I agree to the care arrangements as detailed in this plan and the information shared with all staff working with my child.

<b>Name of pupil</b>
<b>Signature</b> <span style="float: right;"><b>Date</b></span>

### The Head teacher/ Designated member of senior management

I agree to the procedures detailed in this plan being administered in school.

In the event that these procedures cannot be implemented at any time where appropriate the school will follow advice received from the health professionals in summoning the emergency services.

<b>Name of member of staff</b>
<b>Signature</b> <span style="float: right;"><b>Date</b></span>

Copies held by parent/carer and head teacher