



# Coopersale Hall School

## Pupil Healthcare Plan

If your child suffers from an ongoing medical condition for which we need to hold medication on site, long term, such as Epipens, inhalers etc., please complete and return the following for our records. **ALL MEDICATION MUST BE PRESCRIBED BY YOUR GP.**

**Please obtain another form, a School Agreement Protocol, from the School Office if you require the School to hold an Epipen.**

CHILD INFORMATION			
Pupil's Full Name			
Class/Year group		Date of Birth	
Child's Address		Medical Diagnosis or Condition	
Prescribed Medication		Date Prescribed	

CONTACT INFORMATION			
Family Contact 1		Family Contact 2	
Name		Name	
Telephone 1		Telephone 1	
Telephone 2		Telephone 2	

MEDICAL INFORMATION			
Clinic/Hospital Contact		GP	
Name		Name	
Telephone		Telephone	
Describe medical needs and give details of child's symptoms		Describe what constitutes an emergency for the child, and the action to take if this occurs	
Does your child's condition restrict their ability to participate in sporting activities? If so, in what way?		Follow up care	
Who is responsible in an Emergency (state if different for off-site activities)		Name of parent/guardian completing this form	
Signature of parent/guardian		Date	