

Form 7: School Health Care Plan

Short-term health care not requiring medication in school

Dear head teacher

The GP/hospital doctor/nurse has advised that my child's health care needs require to be managed as indicated below. I would like to request the cooperation of the school in enabling appropriate care whilst my child is at school.

Pupil's name
Date of birth
Health care need
Help required in school

Name	Name
Address	Address
☎	☎

I realise that the school is not obliged to undertake health care and that any health care provided by the school will be carried out on a voluntary basis under the guidance of NHS staff.

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I give my consent for the school to contact the named health care professional(s) and for those professionals to advise the school in any relevant matters in connection with care at school. I accept full responsibility for keeping the school informed of anything that may be relevant in relation to the implementation of this care. I accept responsibility for ensuring that there are supplies of any relevant materials or equipment for my child's needs. I will collect all unused materials from the school at the end of the summer term. I accept that the school will destroy any unused materials that remain uncollected.

Parent/Carer Contact 1

Parent/Carer Contact 2

Name	Name
Relationship to pupil	Relationship to pupil
Address	Address
☎ Home	☎ Home
☎ Work	☎ Work
☎ Mobile	☎ Mobile
Signature	Signature
Date	Date

Copies held by parent/carers and head teacher.