

MEDICAL SUPPORT PLAN

NAME OF PUPIL:

TUTOR GROUP:

What are the **medical** conditions which have led to this support plan?

From your knowledge of the pupil and information gathered, what are the risks and underlying concerns?

What are the adults in this school and within the family going to do to ensure that this pupil can have his/her needs met?
PLAN

Who:

MEDICAL SUPPORT PLAN:

WHO?

SIGNED AND DATED

CREATED

APPROVED

PARENTS/CARERS

PUPIL

REVIEW DATE:

will be reviewed termly or after any change in condition or provision

MEDICATION:

EMERGENCY MEDICATION:

CHANGES IN MEDICATION – school must be notified in writing of any changes