

## MEDICAL SUPPORT PLAN

**NAME OF STUDENT:**

**TUTOR GROUP:**

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

From your knowledge of the student 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 student can have his/her needs met?

PLAN

Who:

**MEDICAL SUPPORT PLAN:**

**WHO?**

**SIGNED AND DATED**

**CREATED**

**APPROVED**

**PARENTS/CARERS**

**STUDENT**

**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