

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