|  |  |  |
| --- | --- | --- |
| Setting Name | | |
| Child’s name | | *Insert photograph here* |
| Date of birth | |
| Address | |
| Key person | |
| Date of plan | Review date | |
| Medical diagnosis/condition: (Confirmed by health professional) | | |

|  |  |
| --- | --- |
| **Family Contact Details** |  |
| Name | Contact details |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Health Professionals Supporting the Child** | | |
| Type of professional (GP, hospital, consultant, clinic) | Name | Contact number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Named person providing support in the setting | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical Needs** | | | | |
| Describe the medical needs | | | | |
| Detail of child’s symptoms, triggers and signs to look out for | | | | |
| Treatments | | | | |
| Name/type of medication | | Expiry date | | |
| Dosage | | | | |
| Describe where the medication will be stored in the setting | | | | |
| Detail who will administer the medication (child under supervision/key person) | | | | |
| Side effects of the medication | | | | |
| Strategies required to meet the child’s additional need | | | | |
| Daily care | Special precautions | | | |
| Equipment | Risk assessment | | | |
| Adjustments to environment | Evacuation procedure  [Early years PEEP](https://www.kelsi.org.uk/__data/assets/word_doc/0005/27869/PEEP-Proforma-for-Early-Years-and-Primary-Schools.docx) completed | | Yes | No |

|  |  |
| --- | --- |
| **Medical Emergencies** | |
| What consitutes a medical emergency for your child? | |
| What action should be taken if this should happen? | |
| In the event of intervention by the emergency services who will accompany/support the child until the parent/carer arrives? | |
| Who to contact in an emergency | |
| Name | Relationship |
| Emergency contact number | Mobile |
| Name | Relationship |
| Emergency contact number | Mobile |
| Name | Relationship |
| Emergency contact number | Mobile |
| Name | Relationship |
| Emergency contact number | Mobile |

|  |  |  |  |
| --- | --- | --- | --- |
| Training Log | | | |
| Staff/childminder name | Name of training | Date and delivered by | Review date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Agreement** | |
| In conjunction with the setting policy and procedure regarding the administering of medication reflecting the statutory requirements within the EYFS 2021, we, the undersigned consent to this agreement. | |
| Parent/carer signature | Key person signature |
| Print name | Print name |
| Date | Date |

|  |  |
| --- | --- |
| **Monitoring and Review with Parent/carer** | |
| Comments | |
| Date | Date of next review |

**Useful Links**

<https://www.kelsi.org.uk/__data/assets/word_doc/0005/27869/PEEP-Proforma-for-Early-Years-and-Primary-Schools.docx>

This document is adapted from Supporting pupils at school with medical conditions (2015)

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf>