

# SESSION 2022-2023: LAIRDSLAND PRIMARY SCHOOL

## Form M2: health care plan for a pupil with long-term medical needs

### Part 1: Pupil details

Name of pupil: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School year group/stage: \_\_\_\_\_

Description of medical conditions: \_\_\_\_\_

\_\_\_\_\_

### Part 2: Contact information

#### Family contact 1

Name: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Tel.no. home: \_\_\_\_\_ work \_\_\_\_\_

#### Family contact 2

Name: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Tel.no. home: \_\_\_\_\_ work \_\_\_\_\_

#### Details of GP

Name and Surgery: \_\_\_\_\_

Tel. No. \_\_\_\_\_

**Clinic/hospital contact**

Name: \_\_\_\_\_

Tel. No. \_\_\_\_\_

**Part 3: Description of condition and details of pupil's individual symptoms**

Medication required: \_\_\_\_\_

Details of dose: \_\_\_\_\_

Method time and administration: \_\_\_\_\_

Daily care requirements (e.g. before sport, dietary, therapy, nursing needs)

\_\_\_\_\_

Action to be taken in an emergency: \_\_\_\_\_

Follow-up care: \_\_\_\_\_

Members of school staff who have volunteered to administer medication

\_\_\_\_\_

**Part 4: Parental agreement**

I agree that the medical information contained in this form may be shared with individuals involved in the care and education of my child.

Signed (Parent/ Guardian) \_\_\_\_\_

Date: \_\_\_\_\_

**School staff indemnity**

East Dunbartonshire Council indemnifies and holds harmless all staff at the school from and against all actions, costs, charges, losses, damages and expenses which they, or any of them, shall or may incur or sustain by reason of any act or omission by them in the administration of medication to the pupil, provided always that the act or omission was done in the course of their employment.