

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

**Plan prepared by:**

Name: .....

Designation: .....

Date plan prepared: .....

**Part One: Pupil details**

Name of pupil: .....

Date of birth: .....

School year group/stage: .....

Description of medical condition: .....

**Part Two: 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: .....

Tel. no. ....

**Clinic/hospital contact**

Name: .....

Tel. no. ....

**Part Three: 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:.....

.....

Comments on pupil's ability to self-administer medication: .....

.....

Members of school staff who have volunteered to administer medication (ensure that parents understand the indemnity details shown below):

.....

.....

Staff training needs: .....

.....

**Part Four: Parental agreement** (note that the pupil concerned should also be encouraged to sign this form if able to consent).

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

Signed (parent) .....Date

Signed (pupil) .....Date

**Part Five: distribution**

Copies of completed plan sent to: (please tick as appropriate)

School doctor	<input type="checkbox"/>	School nurse	<input type="checkbox"/>
Parent and pupil	<input type="checkbox"/>	Other (detail)	<input type="checkbox"/>

**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**