

Managing Chronic Health Conditions at Carrigaline Community School

Dear Parent / Guardian

RE: HEALTHCARE PLAN

Thank you for informing us of your child's chronic condition. As part of accepted good practice and with advice from the Department for Children and Family Affairs, relevant voluntary organisations and the School's Board of Management, our school has established 'Managing Chronic Health Conditions' guidelines for use by all staff.

As part of these guidelines, we are asking all parents of students with a chronic condition to help us by completing a school Healthcare Plan for their child. Please complete the plan, with the assistance of your child's healthcare professional and return it to the school. If you would prefer to meet someone from the school to complete the Healthcare Plan or if you have any questions then please contact us on 021-4372300.

Your child's completed plan will store helpful details about your child's condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child's individual condition.

Please make sure the plan is regularly checked and updated and the school is kept informed about changes to your child's condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

I look forward to receiving your child's Healthcare Plan.

Thank you for your help.

Yours sincerely

Paul Burke

Principal

Healthcare Plan for

Date form completed:

Date for review:

Student Information

Class: Year:

Date of birth: Age:

Siblings in the school:

Name: Class: Year

Name: Class: Year

Contact Information

Student's address:

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<u>CONTACTS</u>	<u>FAMILY CONTACT 1</u>	<u>FAMILY CONTACT 2</u>	<u>DOCTOR</u>	<u>CONSULTANT</u>
Name				
Telephone number(s)				
Relationship to student				

Details of the student's conditions

Signs and symptoms of this student's condition:

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Triggers or things that make this student's condition/s worse:

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Routine Healthcare Requirements

During school hours:

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Outside school hours:

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Regular Medication taken during school hours:

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Emergency medication-Please fill out full details including dosage:

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Activities - Any special considerations to be aware of?

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Any other information relating to the student's health care in school?

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Name of Hospital Nurse for the student

Name:

Address:

Phone:

The school may contact the above named for further information or training.

Parental and student agreement (please tick the correct reply)

I agree I do not agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services).

I understand that I must notify the school of any changes in writing.

Signed by parent:

Print name:

Date:

Permission for emergency medication (please tick correct reply)

In the event of an emergency, I agree..... I do not agree.....with my child receiving medication administered by a staff member or providing treatment as set out in the attached Emergency Plan.

Signed by parent:

Print name:

Date: