



Highcliffe St Mark Primary School
New Starter Medical Health Care Plan: Sept 2025 - 2026

Please complete this form if your child is new to our school. Please give us much detail as possible. If needed, please add supplementary sheets.

1.0 Child's information	
Child's Name:	Date of Birth:
Class (if known):	
Address:	

2.0 About your child's condition
What is your child's medical condition, and what is the definition of their medical condition?



What are your child's symptoms?

How does your child's condition affect them day to day?



Whilst in school, what are your child's daily care requirements?



3.0 Medication: Please bring your child's medication into school on their first day. You will need to complete a medication form, which is available in the school office.

What Medication, if any needs to be kept in school? Please tell us if there are medications that we need to administer daily as well as emergency medication.

Medication 1:

Medication 2:

Medication 3:

Medication 4:

4.0 Special diets: Our kitchen team can provide special diets for children who have diagnosed allergies and intolerances, or who have a medical condition that affects their food choices.

Although our school is nut and sesame free, please complete a special diet form, so that our kitchen is aware of your child's needs.

Please let us know if your child needs a special diet due to their diagnosis.

Yes - My child will need a special Diet.

No - My child will **not** need a Special Diet.

If yes, please complete a Special Diet Request Form.

5.0. Emergencies: Describe below what constitutes as an emergency for your child, and what action should be taken in school.

Signs and Symptoms	Action



What follow-up care should be provided after an emergency?



Who should be contacted in an emergency? (state if different for off-site activities):

Family contact details 1:

Family contact details 2:

Clinic/Hospital/GP details

Name:

Address:

Telephone:

6.0 Parental agreement and signatures

Parental Agreement:

- I agree that this information can be shared with school staff to ensure _____'s well-being.
- I agree that _____'s photo and key pieces of information such their condition, how they will present in an emergency, and what to do in an emergency, can be displayed in the staff room and first aid areas.
- I agree that _____ can be administered the appropriate spare school emergency medication if needed. This applies to Inhalers and Epi-pens.

Signed Parent/Carer:

Date:

Review Date:

Review Date	Any changes	Notes
	Typed up HCP	
	Parents have completed a new starter HCP form.	