



Highcliffe St Mark Primary School
Update to existing a Medical Health Care Plan: Sept 2025 - 2026

Please update and sign this form if your child has an existing Health Care Plan at our school.

1.0 Child's information	
Child's Name:	Date of Birth:
Current Class:	New Class in Sept 25 (If known):
Address:	

2.0 Does your child's HCP need to be updated?
<p>Please indicate below if you child's needs, and therefore their HCP, HAVE or HAVE NOT changed since it was last updated.</p> <p>Please tick and complete your child's name.</p> <p><input type="checkbox"/> I can confirm that.....'s needs, and HCP HAVE NOT changed and can be used for the academic year starting in September 25.</p> <p>Please move to section 7.0</p> <p><input type="checkbox"/> I can confirm that.....'s needs, and HCP HAVE changed.</p> <p>Please move to section 3.0.</p>

3.0 About your child's condition
<p>Please detail below the name of your child's condition.</p>
<p>Please detail below any changes to your child's medical condition. If there are no changes, please indicate N/A.</p>



Please detail below if there any changes to how your child's condition affects them day to day. If there are no changes, please indicate N/A.

Please detail below any changes to your child's daily care requirements whilst they are in school. If there are no changes, please indicate N/A.



4.0 Emergency situations

Please detail below any changes to the signs and symptoms your child may display or experience during an emergency and what actions should be taken in school. If there are no changes, please indicate N/A.

Signs and Symptoms	Actions

Please detail below any changes to the emergency follow-up care that we should provide. If there are no changes, please indicate N/A.

Are there any changes about who should be contacted in an emergency? (state if different for off-site activities):

Family contact details 1:

Family contact details 2:



5.0 Medication in school: 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.

Please summarise below any medication or dose information changes. If there are no changes, please indicate N/A.

6.0 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.

7.0 Medical contacts or consultants

Please detail below any changes to your child's Clinic, Hospital or GP details. If there are no changes, please indicate N/A.

Name:

Address:

Telephone:



8.0 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.

Parental Signatures:

Signed Parent/Carer:

Date:

Office Use	Date
Attached to child record	
Medical Alert completed	
Review Date:	