# **Suggested template School Care Plan (can be adapted to suit need)**

*The header row repeats to ensure each page has the name of the pupil. Cells can be expanded.*

| **Name of pupil** |  | **Form/tutor group** |  |
| --- | --- | --- | --- |
| **Team[[1]](#footnote-1) of key designated adults in school who can support the pupil** |
| Name/role | Name/role | Name/role | Name/role |
| *e.g., Miss Pearce, form tutor* |  |  |  |
| **Other key staff informed** |
| Name/role | Name/role | Name/role | Name/role |
| *e.g., Mr Peters, DSL* | *e.g., Mrs Strong, First Aider* |  |  |
| **Emergency contact details** |
| Name 1st Contact |  | Relationship |  |
| Telephone (home) |  | Telephone (work) |  |
| Name 2nd Contact  |  | Relationship |  |
| Telephone (home) |  | Telephone (work) |  |
| **Emergency health/care professionals contact details** |
| GP |  | Telephone |  |
| Midwife |  | Telephone  |  |
| Health Visitor |  | Telephone |  |
| Social worker |  | Telephone |  |
| **In school arrangements** |
| Toilet pass issued |  | Date |  |
| Rest area identified |  | To be accessible (times of day) |  |
| Break arrangements*(e.g. canteen pass, space to rest, friend to accompany etc.)* |  |
| Lunch arrangements*(e.g., canteen pass, space to rest, friend to accompany etc.)* |  |
| School uniform adjustments |  |
| Whole-school risk assessment with relevant sections for individual lessons as necessary(attach) | Yes/no | Date agreed | signature |
| If KS4, provide details of any examination adjustments |  |
| Are any transport adjustments necessary? If so, provide detail |  |
| **Maternity leave arrangements (can be reviewed/amended at any time)** |
| Key school contact during maternity leave |  | Frequency of contact |  |
| Type of contact required (e.g., phone/email/home visits) |  | Agreed period of maternity leave |  |
| Agreed education provision during maternity leave |  |
| Resources the pupil will need/who will oversee this? |  |  |  |
| Other |  |  |  |
| **After the birth** |
| When does the pupil hope to return to school? |  |
| What adjustments may need to be made?  | *e.g., timetable, rest space**space to express milk, temporary absence during the school day to feed the baby**updated risk assessments (subject specific if required), toilet pass* |
| **Date form completed** |  | **Date of next review** |  |
| **Signed** |
| *Pupil* | *Parent/carer* | *School rep* | *Health rep* |

1. A small team of key adults mitigates against the impact of one being unavailable [↑](#footnote-ref-1)