



INTERNATIONAL  
COMMUNITY SCHOOLS  
مدارس انترناشيونال كوميونتيه

### ICS Care Plan

**Attach photo here**

<b>Students Name</b>	<b>Admissions Number</b>		<b>Date of Birth</b>
<b>Wears medical ID (delete as appropriate)</b>	Yes/No	<b>Weight</b> (for medication dosage)	<b>kg</b>
<b>Parent/Guardian Name</b>	<b>Mobile Number</b>		<b>Relationship</b>
<b>Parent/Guardian Name</b>	<b>Mobile Number</b>		<b>Relationship</b>
<b>Emergency Contact</b>	<b>Mobile Number</b>		<b>Relationship</b>
<b>Medical Details</b> <b>Please attach doctor's prescription and medical report</b>			
<b>Permission to discuss with education staff:</b> Yes/No			
<b>Description of Condition</b>	<b>Date / Age Diagnosed</b>		<b>Mild/Moderate/Severe</b>
<b>Treatment (signs and symptoms, medication, etc.)</b>			
<b>Care needs at school</b> (physical assistance, participation in sport, emotional health and wellbeing support etc.)			
<b>School held medication/information</b> (please attach doctor's prescription and medical report)  Parents need to provide additional supplies of prescribed medication to the school clinic in the event of emergency and loss of hand held medication (if prescribed). No student should be carrying medication without the prior knowledge of the school nurse. Any emergency medication required will be stored in the <b>Clinic</b> in an accessible place to be used in emergencies only. It is parents' responsibility to update the school nurse with any medical details and healthcare requirements during the school year.			

**Should \_\_\_\_\_ need medication administering with no school nurse present, I give permission for any of the adults working with them to administer medication as prescribed, if necessary. This will be done in their capacity as a responsible adult rather than a qualified medical practitioner. First aiders will have been given instruction by the school nurse and prior to any trip/activities. I agree that the school and its employees shall not be liable for any claims that I may have arising from the administration of this medicine to my child at school or on trips/activities.**

<b>Parents Full Name</b> (please print)	<b>Parents Signature</b>	<b>Date</b>
<b>Nurses Full Name</b> (please print)	<b>Nurses Signature</b>	<b>Date</b>

ICS aims to support students participation in all school activities and to become a self-caring individual as age appropriate. Individual care plans need to be renewed annually or as advised by the treating doctor. Please contact us directly with any concerns.