

General Healthcare Plan

Registered charity number 306016.



WE DISCOVER, WE GROW

Girlguiding

Use this plan only if a medical condition limits a young member's ability to join in normal unit activities or she has a medical condition which makes an emergency likely during unit activities.

Please note that it is not a requirement to complete the Girlguiding Healthcare Plan for a member with a medical condition. If a member has a pre-existing healthcare plan this can be used in place of a Girlguiding plan. This should be used to facilitate a discussion with the parents about how best to support the young person.

Complete this plan together with the parent/carer and young person (if appropriate). Use it in addition to the relevant Girlguiding forms such as Starting Rainbows/Brownies/Guides/The Senior Section, Information and Consent for Event/Activity, and Health Information. This plan is designed to ensure you have sufficient information to manage a young person's health condition during meetings, on outings, at residential events and so on. It is important that the plan is reviewed regularly to ensure it is up to date. If you feel you require further information, training or advice, please contact your Commissioner or Country/Region Adviser for members with additional needs.

Name _____ Date of birth _____

Address

Medical condition(s)

Date of healthcare plan _____ Review date _____

Contact information

Name _____

Relationship _____ Telephone _____

Name _____

Relationship _____ Telephone _____

Clinic/Hospital/GP contact (consultant/nurse specialist/ward) if applicable

Name _____ Telephone _____

Name _____ Telephone _____

GP _____ Telephone _____

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Describe the young person's condition and individual symptoms

Daily medication requirements

Any other special requirements

What constitutes an emergency?

What action should be taken in an emergency?

Emergency medication requirements including dosage

Where is medication to be kept?

Who can administer the medication?

Signature of parent/carer _____ Date _____

Signature(s) of Leader/first aider _____ Date _____