020 3868 0776
support@medicaltracker.co.uk

medicaltracker

LONG TERM CARE PLAN

Student or staff name* :

Medical condition* :

Medication name* :

Dosage* :

Date medication dispensed* : D D M M Y Y

Self administered?* : Yes No

Last date medication needs to be taken?* : D D M M Y Y

Medication expiry date : D D M M Y Y

Timings : H H M M H H M M H H M M

Student's condition and individual symptoms:

Daily care requirements:

Procedures to take in an emergency (if applicable):

Procedures to take in an emergency (if applicable):

Additional information (if needed):

Details of person completing this form:

Name* :

Email address* :

Signed* :

Date : D D M M Y Y

Office use only : Recorded on Medical Tracker : Yes