**Suggested template School Care Plan**

**(Appendix to: Pregnant Pupils Policy for schools refreshed July 2025)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of pupil**  |  | **Form/tutor group** |  |
| Key Designated adult in school |
| Name |  | Role |  |
| Key Staff informed |
| Name/role  | Name/role  | Name/role  | Name/role  |
| e.g. Mr Peters, DSL e.g. Mrs Strong, |  |  |  |
| 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 |  |
| School Nurse |  | 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, friendto accompany etc.) |  |  |  |
| Lunch arrangements(e.g., canteen pass,space to rest, friendto accompany etc.) |  |  |  |
| School uniformAdjustments |  |  |  |
| Whole-school riskassessment withrelevant sectionsfor individuallessons asnecessary(attach) | Yes/no  | Date Agreed  | Signature  |
| If KS4, providedetails of anyexaminationadjustments |  |
| Are any transportadjustmentsnecessary?If so, provide detail |  |
| Maternity leave arrangements (can be reviewed/amended at any time) |
| Key schoolcontact duringmaternity leave |  | Frequency ofContact |  |
| Type of contactrequired (e.g.phone/email/home visits) |  | Agreed period ofmaternity leave |  |
| Agreed educationprovision duringmaternity leave |  |
| Resourcesthe pupil willneed/who willoversee this? |  |  |  |
| Other |  |  |  |
| After the birth |
| When does thepupil hope toreturn to school? |  |
| What adjustmentsmay need tobe made? | e.g., timetablerest spacespace to express milktemporary absence during the school day to feed the babyupdated risk assessments (subject specific if required)toilet pass |
| Date of form completed |  | Date of next review  |  |
| Signed |
| Pupil | Parent/carer | School rep | Health rep |