**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, 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 of form completed |  | Date of next review |  |
| Signed | | | |
| Pupil | Parent/carer | School rep | Health rep |