

Individual Healthcare Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school?	
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Who in the school needs to be aware of the child's condition and the support required?	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Describe action to take in the event of the child/young person refusing their medication

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Procedures to be followed when transporting the child/young person (e.g. home to school/setting transport, off-site visits)

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency? *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

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Signed: (Headteacher / Manager)	Signed: (Parent / Carer)
Date:	Date:
	Relationship to child: