

# Individual Healthcare Plan – 2017/18

The following form must be completed where parents/carers have indicated that their child has an on-going medical condition. This plan must be reviewed at the start of each academic year.

Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	By September 2018

## 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.	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

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Daily care requirements

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

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Arrangements for school visits/trips etc

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Other information

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

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- The above information is, to the best of my knowledge, accurate at the time of writing.
- I will inform the school immediately, in writing, if there is any change to my child's medical needs.
- I understand that I will need to review this form annually.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

----- **School Section – Please do not fill in this part** -----

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

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Plan developed with

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Who is responsible for providing support in school

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Staff training needed/undertaken – who, what, when

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Form copied to

School Individual Health care Plan File / Child's Individual Record / Class Teaching file
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Completion Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Sept 2017