

Individual Healthcare Plan – 2024/25

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

September 2025

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

- 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*)

Plan developed with

Who is responsible for providing support in school

Staff training needed/undertaken – who, what, when

Form copied to

School Individual Health care Plan File / Class Teaching file
(Historical copies put in individual files)

Completion Date: _____

Signed: _____