

# Individual Healthcare Plan – 2021/22

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

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Class

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Date of birth

--

Child's address

--

Medical diagnosis or condition

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Date

--

Review date

By September 2022
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## 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, contraindications, administered by/self-administered with/without supervision

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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

Completion Date: \_\_\_\_\_

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