

INDIVIDUAL HEALTH CARE PLAN



CHILD'S DETAILS

Name:

Tutor group:

Date of birth:

Address:

Postcode:

Medical diagnosis or condition:

Date:

Review date:

PARENT/CARER DETAILS

Parent/carer one

Name:

Contact numbers:

Home:

Work:

Mobile:

Relationship to child:

Parent/carer two

Name:

Contact numbers:

Home:

Work:

Mobile:

Relationship to child:

MEDICAL DETAILS

Clinic/hospital name:

Clinic/hospital contact number:

GP name:

GP contact number:

Describe the medical needs and give details of symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Symptoms/signs:

Triggers/environmental factors:

Treatments / facilities / equipment / devices:

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 / LOTC / PE

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

Staff training needed / undertaken – who, what, where, when

Plan developed with:

Signed:

Form copied to:
