



Individual Health Care Plan

Photo	Name:	
	Date of Birth:	
	Medical condition or diagnosis:	
	Year/Tutor Group	

Child's address	
Date	
Review Date (office use only)	

Family Contact Information	
<i>Name/relationship to child</i>	
Phone number (work)	
Phone number (home)	
Mobile	
<i>Name/relationship to child</i>	
Phone number (work)	
Phone number (home)	
Mobile	

Clinic/hospital contact details	
Name	
Phone number	
GP Details	
Name	
Phone number	

Name of person responsible for providing support in school	
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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
Daily care requirements
Specific support for the pupil's education, 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
Who is responsible in an emergency (<i>state if different for off-site activities</i>)
Plan developed with
Staff training needed/undertaken – who, what when? (for office use only)
Form copied to (for office use only)

Signed: Head Teacher:

Parent:

Date:

