

Individual Healthcare Plan

- Name of school/setting
- Child's name

Group/class/form

- Date of birth
- Child's address
- Medical diagnosis or condition
- Date
- Review date

Marlow C of E Infant School	Insert Pupil's Photo

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

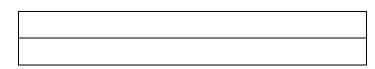
Name

Phone no.

G.P.

Name

Phone no.



Who is responsible for providing support in school



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

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

Plan developed with

Staff training needed/undertaken – who, what, when



Form copied to

Signed by:
Job Title:
Date:
Signed by:
Name of Parent:
Date: