

# Template 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


## **Family Contact Information (please add more as appropriate)**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


## **Clinic/Hospital Contact (please add details of all relevant medical professionals)**

Name

Phone no.


## **G.P.**

Name

Phone no.


Essential information regarding the pupil's medical needs

	Name	Contact details
Specialist nurse (if applicable):		
Link person in education:		
Class teacher		
Health visitor/school nurse		
SEND Coordinator		
Other relevant teaching staff		
Other relevant non teaching staff		
Head Teacher		
Person with overall responsibility for implementing plan		
Any provide of alternative provision		

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

Is there any ongoing treatment that is not being administered in school? What are the side effects?

Describe any facilities, equipment, devices etc that might be required to manage the condition e.g. hoist, peg fed, cushions, accommodation etc

Environmental factors to be considered

Daily care requirements

Specific support for the pupil's educational (including physical activity), social and emotional needs

Specific support for the pupil's social needs

Specific support for the pupil's 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*)

Voice of the child/student comments

Targets

Arrangements/inclusion plan e.g. who is support person in school, what are the arrangements if that person is away etc

List of actions

Plan developed with

Staff training needed/undertaken – who, what, when

Anything else to consider for the school environment?

Signed and agreed

Parent/carer/guardian name

Signature

Representative from school

Signature

Date

Date of review

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