



Individual Health Care Plan

Child's Name:	Date of Birth:
Class:	Year Group:
Home Address:	
Condition:	
Family Contact 1	Family Contact 2
Name:	Name:
Phone numbers:	Phone numbers:
Home:	Home:
Work:	Work:
Mobile:	Mobile:
Relationship to child:	Relationship to child:
Hospital/Clinic Contact:	GP Contact:
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:

Describe condition and give details of pupil's individual sign and symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

Who is responsible in an Emergency: (State if different on off-site activities)

Review and update for trips

Medication:

Name/Type of Medication (as described on the container)

For how long will your child take this medication:

Date dispensed from Pharmacy:

Expiry Date:

Full Directions for use:

Dosage and method:

Timing:

Special Precautions:

Side Effects:

Self Administration:

In the event of emergency any other information to be passed to emergency services: Allergic reactions, previous surgery, injury etc

Support for social and emotional needs:

If a controlled drug, describe how it will be stored, administered and disposal methods:

Any other Clinical notes:

Training needs:

This IHCP will be updated annually. It is the parent's responsibility to inform the school of any changes to the child's medical needs throughout the year. If/when there are any changes the IHCP must be updated, signed and dated by all parties.

Signed (Parent/Guardian).....

Date:.....

Signed (Class Teacher).....

Date:.....

Signed (Medical Needs Coordinator).....

Date:.....

Review Date:.....

Form copied to:

Original		Parent	
Folder		Class Teacher	