

APPENDIX 5 - Individual Healthcare Plan (IHC)

Child's name:

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Group/class/form:

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Date of birth:

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Child's address:

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Medical diagnosis or condition:

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Date:

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Review date:

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Family contact information

Name:

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Phone number (work):

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(home):

--

(mobile):

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Name:

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Relationship to child:

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Phone number (work):

--

(home):

--

(mobile):

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Clinic/hospital contact

Name:

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Phone number:

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Child's GP

Name:

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Phone number:

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Who is 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.

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Name of medication, dose, method of administration, when it should 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:

Other information:

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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed/undertaken - who, what, when:

Form copied to:

