

APPENDIX 5 - Individual Healthcare Plan (IHC)

Child's name:
Group/class/form:
Date of birth:
Child's address:
Medical diagnosis or condition:
Date:
Review date:

Family contact information

Name:
Phone number (work):
(home):
(mobile):
Name:
Relationship to child:
Phone number (work):
(home):
(mobile):

Clinic/hospital contact

Name:
Phone number:

Child's GP

Name:
Phone number:

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 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:

