

Individual Healthcare Plan

Name of school/setting	Dawley C of E Primary Academy
Child's name	
Class/year group	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review Date	
Family Contact Information	
Name	
Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	
Name	
Relationship to child	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in school	
Signed:	Dated:
Signed:	Dated:
Signed:	Dated:
Signed:	Dated:
Signed:	Dated:

Describe medical needs and/or conditions of child's symptoms, signs, treatments, facilities, equipment or devices, environmental issues etc.

Triggers or things that make the child's condition worse

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision both during and outside school hours

Daily condition care requirements, such as dietary, therapy, nursing both during school and outside school hours

Specific support for the pupil's educational, social and emotional needs

Any additional arrangements required for off-site activities including school visits/trips etc.

Any other information relating to your child's healthcare in school e.g. activities to be avoided

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*)

During the school day, the trained first aiders will be responsible in an emergency situation. Medical assistance will also be sought immediately. During a school trip or other site activity, the group leader and trained first aider will be responsible in an emergency situation. Medical assistance will also be sought immediately.

Plan developed with

For office use only:

Staff training needed/undertaken – who, what, when

Form copied to: