 Unlocking the potential…

**Individual Healthcare Plan**

**Child / Young person details**

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| **Child’s name:** |  |
| **School:** |  |
| **Child’s Address** |  |
| **Year Group:** |  |
| **Date of birth:** |  |
| **Medical diagnosis:** |  | **Diagnosed since** |  |
| **Explanation of condition** |  |
| **Other conditions:**  |  |
| **Allergies** |  |
| **Date:** |  |
| **Review date:** |  |

**Family contact information**

|  |  |
| --- | --- |
| **Name:**  |  |
| **Relationship to child:** |  |
| **Telephone numbers** | **Home** |  |
| **Work** |  |
| **Mobile** |  |
| **E mail address** |  |
| **Address if different to child** |  |

|  |  |
| --- | --- |
| **Name:**  |  |
| **Relationship to child:** |  |
| **Telephone numbers** | **Home** |  |
| **Work** |  |
| **Mobile** |  |
| **E mail address** |  |
| **Address if different to child** |  |

**Other essential information**

|  |  |
| --- | --- |
| **Contacts** | **All the relevant contact details / numbers** |
| **Job title** | **Named Contact** | **Contact number** |
| **General Practitioner**  |  |  |
| **Class teacher** |  |  |
| **Health visitor / School nurse** |  |  |
| **SENCO** |  |  |
| **Relevant teaching staff** |  |  |
| **Relevant non-teaching staff** |  |  |

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| **Describe and give details of child’s symptoms, triggers, signs and environmental issues** |
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| **Treatment, medication, dose, method of administration, when to be taken, administered by, with out without adult supervision** |
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| **Daily care requirements** |
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| **Specific support for the pupils educational, social and emotional needs** |
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| **Arrangement for school visits / trips etc** |
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| **Describe what constitutes an emergency and the action to take if this occurs** |
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| **Training for staff needed / undertaken – who, what, when** |
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| --- | --- | --- | --- |
|  | **Name** | **Signatures** | **Date** |
| **Young person** |  |  |  |
| **Parent / Carer** |  |  |  |
| **School rep (including job title)** |  |  |  |
| **Headteacher** |  |  |  |