# **Template Individual healthcare plan**

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| Name of school/setting |  |
| Child’s name |  |
| Group/class/form |  |
| Date of birth |  |  |  |  |
| Child’s address |  |
| Medical diagnosis or condition |  |
| Date |  |  |  |  |
| Review date |  |  |  |  |
| **Family Contact Information (please add more as appropriate)** |  |
| Name |  |
| Phone no. (work) |  |
| (home) |  |
| (mobile) |  |
| Name |  |
| Relationship to child |  |
| Phone no. (work) |  |
| (home) |  |
| (mobile) |  |
| **Clinic/Hospital Contact (please add details of all relevant medical professionals)** |  |
| Name |  |
| Phone no. |  |
| **G.P.** |  |
| Name |  |
| Phone no. |  |

Essential information regarding the pupil’s medical needs

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| --- | --- | --- |
|  | Name | Contact details |
| Specialist nurse (if applicable): |  |  |
| Link person in education: |  |  |
| Class teacher |  |  |
| Health visitor/school nurse |  |  |
| SEND Coordinator |  |  |
| Other relevant teaching staff |  |  |
| Other relevant non teaching staff |  |  |
| Head Teacher |  |  |
| Person with overall responsibility for implementing plan |  |  |
| Any provide of alternative provision |  |  |
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| 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

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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Is there any ongoing treatment that is not being administered in school? What are the side effects?

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Describe any facilities, equipment, devices etc that might be required to manage the condition e.g. hoist, peg fed, cushions, accommodation etc

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Environmental factors to be considered

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Daily care requirements

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Specific support for the pupil’s educational (including physical activity), social and emotional needs

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Specific support for the pupil’s social needs

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Specific support for the pupil’s emotional needs

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Arrangements for school visits/trips etc

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Other information

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

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Who is responsible in an emergency *(state if different for off-site activities)*

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Voice of the child/student comments

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Targets

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Arrangements/inclusion plan e.g. who is support person in school, what are the arrangements if that person is away etc

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List of actions

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Plan developed with

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Staff training needed/undertaken – who, what, when

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Anything else to consider for the school environment?

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Signed and agreed

Parent/carer/guardian name

Signature

Representative from school

Signature

Date

Date of review

Form copied to

|  |
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