

Individual Healthcare Plan

School	St Nicholas School
Child's Name	
Date of birth	
Gender	
Year Group	
Reg Group	

Home Address

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Date	
Review date	

Medical condition or diagnosis	Summary	Notes

Parental Contact	Phone no. (work)	Phone no. (home)	Phone no. (mobile)

Clinic/Hospital	
Phone no.	
GP. Name	

Member of staff responsible for providing support in school

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

SEN Status	
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Next Review	
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#	Need Type	Notes
1.		
2.		
3.		

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 to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Arrangements for school visits/trips etc.

Other information

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*)

Plan developed with

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Staff training needed/undertaken - who, what, when

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Form copied to

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Medication taken at home:

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Plan agreed by:

Parents/Carers:	Print:	Date:
	Signature:	
Senior Management Team:	Print:	Date:
	Signature:	
Healthcare professional	Print:	Date:
	Signature:	