# Individual healthcare plan

Insert Pupil’s Photo

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s name |  | | | | |
| Date of birth |  |  |  | |  |
| Child’s address |  | | | | |
| Medical diagnosis or condition  Date  Review date  **Family Contact Information** | |  | | --- | |  | |  | |  | | | | | |
| Name |  | | |  | |
| Phone no. (work) |  | | |  | |
| (home) |  | | |  | |
| (mobile) |  | | |  | |
| **Clinic/Hospital Contact** |  | | | | |
| Name |  | | | | |
| Phone no. |  | | | | |
| **G.P.** |  | | | | |
| Name |  | | | | |
| Practice |  | | | | |
| Phone no. |  | | | | |

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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Daily care requirements

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

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Any additional arrangements for school visits/trips etc

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Any follow up care following a medical episode

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|  |

Name of parent: ………………………………

Date YR: ………………………………… Class teacher: …………………………………………

Date Y1: ………………………………… Class teacher: ………………………………………..

Date Y2: ………………………………… Class teacher: ………………………………………..

Date Y3: ………………………………… Class teacher: …………………………………………

Date Y4: ………………………………… Class teacher: …………………………………………

Date Y5: ………………………………… Class teacher: …………………………………………

Date Y6: ………………………………… Class teacher: …………………………………………