

Appendix B: Individual Healthcare Plan

Pupil's name:

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Group/class/form:

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Date of birth:

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Pupil's address:

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Medical diagnosis or condition:

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Date:

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Review date:

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Family contact information

Name:

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Relationship to pupil:

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Phone number (work):

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(home):

--

(mobile):

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Name:

--

Relationship to pupil:

--

Phone number (work):

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(home):

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(mobile):

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Clinic/hospital contact

Name:

Phone number:

Child's GP

Name:

Phone number:

Who is responsible for providing support in school?

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices, environmental issues, etc.:

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:

Daily care requirements:

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

Arrangements for school visits and trips:

Other information:

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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed or undertaken – who, what, when:

Form copied to: