



Individual Healthcare Plan

Child's name:	
Class:	
Date of birth:	
Child's address:	
Medical diagnosis or condition:	
Date	
Review date:	

Family Contact Information	
Contact 1	
Name:	
Relationship to child	
Contact numbers	Home: Mobile: Work:
Contact 2	
Name:	
Relationship to child:	
Contact numbers	Home: Mobile: Work:



Headteacher: Rachel Heffer

Clinic/Hospital Contact	
Hospital Name:	
Contact number:	
G.P. Name:	
Contact number:	

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.:	
Name of medication:	
Dose:	
Method of administration:	
When to be taken:	
Known side effects:	
Daily care requirements:	



Headteacher: Rachel Heffer

Every Moment Matters

Specific support for pupil's educational, social and emotional needs:	
Arrangements for school visits/trips:	
Describe what constitutes an emergency:	
Who is responsible in an emergency (<i>state if different for off-site activities</i>):	
Any further information:	

Parent/Carer signature:	
Date:	



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