

INDIVIDUAL HEALTHCARE PLAN

Name of school/setting:	Wrockwardine Wood infant School and Nursery
Child's name:	
Group/class/form:	
Date of birth:	
Child's address:	
Medical diagnosis or condition:	
Date:	
Review date:	

Family Contact Information

1. Name:	
Relationship to child:	
Phone no. (work):	
(mobile)	
2. Name:	
Relationship to child:	
Phone no. (work):	
(mobile):	

Clinic/Hospital Contact

Name:	
Phone no:	

G.P.

Name:	
Phone no:	

Who is responsible for providing support in school

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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:

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

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*)?

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Plan developed with:

Role	Name	Signature
Headteacher/SENDCo		
Teacher/Admin staff		
Parent/Carer		
Parent/Carer		

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

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Form shared with: