

Template A: individual healthcare plan

| | |
|--------------------------------|----------------------|
| Name of school/setting | Widmer End CC School |
| Child's name | |
| Group/class/form | |
| Date of birth | |
| Child's address | |
| Medical diagnosis or condition | |
| Date | |
| Review date | |

Family Contact Information

| | |
|-----------------------|--|
| Name | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |
| Name | |
| Relationship to child | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |

Clinic/Hospital Contact

| | |
|-----------|--|
| Name | |
| Phone no. | |

G.P.

| | |
|-----------|--|
| Name | |
| Phone no. | |

| | |
|--|--|
| 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, 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*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Signed by:

Job Title:

Date:

Signed by:

Name of Parent:

Date: