



Individual Healthcare Plan for Pupils with Medical Conditions (including minor conditions eg Hayfever, Asthma etc)

Child's Name	
Class	
Date of Birth	
Medical diagnosis or condition	
Date	
Review Date	

Family Contact Information

Primary Contact	
Name	
Relationship to Child	
Daytime Contact No	
Mobile No	

Alternative Contact	
Name	
Relationship to Child	
Daytime Contact No	
Mobile No	

Clinic/Hospital Contact

Contact Name	
Phone No	

GP

Contact Name	
Phone No	

Who is responsible for providing support in school

Name	
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Describe medical needs and give details fo child’s symptoms, triggers,signe, treatment, 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 and 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

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