

APPENDIX 3 – Individual Healthcare Plan

Individual Healthcare Plan

Confidential

Name of
School:

Name of
Pupil:

(Pupil Photo)

Date Agreed:

Review Date:

Student Details

Pupil Name:

Date of

Birth:

Class /

Form:

Condition:

Parent / Carer / Guardian – Contact 1

Name:

Relationship to pupil:

Home Telephone Number:

Mobile Telephone Number:

Work Telephone Number:

Parent / Carer / Guardian – Contact 2

Name:

Relationship to pupil:

Home Telephone Number:

Mobile Telephone Number:

Work Telephone Number:

Clinic / Hospital Contact

Name:

Telephone Number

GP

Name: Name:

Telephone Number Telephone Number

Who is responsible for providing support in school

(List all that apply)

Plan developed with

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)

(Local first aiders onsite, this may differ for events and trips)

Staff training needed/undertaken – who, what, when

Form copied to

Care Plan Agreement

Agreement Date:

Review Date:

Medication

Name/type of
medicine

As described on the
container

Expiry Date:

Dosage & Method:

Timing:

Special precautions
/ other instructions:

Are there any side
effects that the
school needs to
know about:

Self-administration:

Procedures to take
in an emergency:

YES / NO – Delete as Appropriate

NB: Medicines must be in the original container as dispensed by the pharmacy

Authorising Parent / Carer / Guardian

Name:

Address:

Relationship to
Pupil:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature

Date
