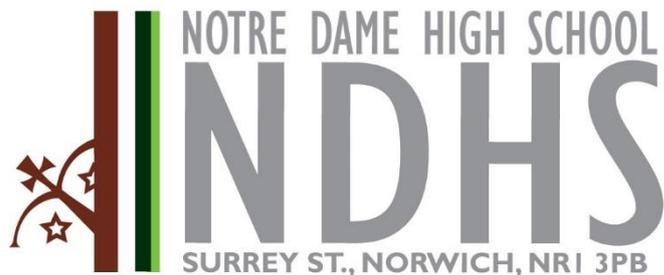


Strictly Confidential



Individual Health Care Plan

Child's Name	
Year Group	Date of Birth
Child's address	
Medical Diagnosis	
Date of Care Plan	Review Date

Family Contact Information

	Priority 1	Priority 2
Name		
Relationship to child		
Mobile phone		
Home phone		
Work phone		
Further contact instructions:		

Medical Contact Information

	Clinic / Hospital	GP
Name		
Telephone		

T | 01603 611431
F | 01603 763381
W | www.ndhs.org.uk
C | office@ndhs.org.uk

"I have come so they may have life and have it to the full" (John 10:10)
Notre Dame High School Norwich is a charitable company limited by guarantee, registered in England and Wales at Surrey Street, Norwich, NR1 3PB (Registered Number. 7913261)

Headteacher: Mr Tom Pinnington BSc Hons

Staff Responsibilities

Key Worker(s)	
Staff Training	
Care Plan Developed by	

Medication Details

Name of Medication	
Dose	
When to be administered	
Side effects / Contra-indications	
Administration Details	

Description of medical needs including child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.
Daily care requirements
Specific support for the pupil's educational, social and emotional needs
Arrangements for school visits/trips etc.
To be risk assessed by visit/trip leader.
Emergency details (what constitutes an emergency and action to be taken)
Normal emergency procedures.

Who is responsible in an emergency
Trip leader and member of first aid team accompanying any visit/trip. Normal emergency contact details.
Additional Information
SEN information

Parent/carer signature:			
Print name:		Date:	
Student Support Manager:		Date:	

