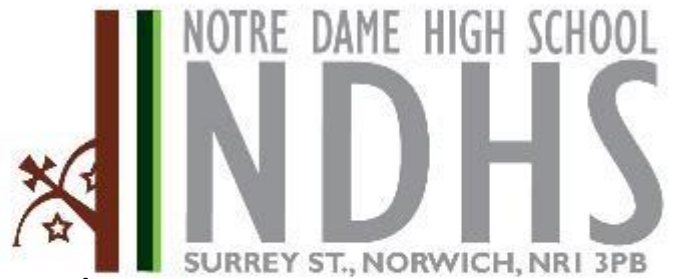


Strictly Confidential



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

	<u>Priority 1</u>	<u>Priority 2</u>
Name		
Relationship to child		
Mobile phone		
Home phone		
Work phone		
Further contact instructions:		

Medical Contact Information

	<u>Clinic / Hospital</u>	<u>GP</u>
Name		
Telephone		

Staff Responsibilities

Key Worker(s)	Student Receptionist, PSW, Head of Year
Staff Training	
Care Plan Developed by	David Butters in liaison with parents/carers

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:	