Individual Healthcare Plan



Child's name:	
Group/class/form:	
Date of birth:	
Child's address:	
Medical diagnosis or condition:	
Date:	
Review date:	
Family contact information	
Name:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to child:	
Phone number (work):	
(home):	
(mobile):	
Clinic/hospital contact	
Name:	
Phone number:	
Child's GP	
Name:	
Phone number:	
Who is responsible for providing support in school?	
Describe medical needs and give detai facilities, equipment or devices, environme	ls of child's symptoms, triggers, signs, treatments, ental issues, etc.

aily care requ	rements:				
:f:			-l		
pecific suppor	for the pupil's edu	cational, soci	ai and emotic	onai needs:	
rrangements f	or school visits/trips	5 :			
ther information	n:				
ther information	n:				
ther information	on:				
ther information	on:				
	on: constitutes an emer	gency, and th	ne action to ta	ake if this occu	ırs:
		gency, and th	ne action to ta	ake if this occu	ırs:
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escribe what o	constitutes an emer				

an developed with:		
aff training needed/undertaken – who, what, w	/hen:	
The employee who is providing the medical proform a registered Medical or Healthcare profession in the procedure they are providing.		
Name	Signature	Date
Parent/Carer		
Head Teacher		
Employee providing the medical procedure		
GP/Supervising consultant		
* It is a condition of the insurance that the plar	is agreed and signed by	the above
orm copied to:		
eview date:		
sview date.		
nis IHCP should be used as an ongoing 'live' ris	k assessment document v	which should be
stributed to other services as appropriate and li		
views, Community Paediatrics, CAMHS etc.	37	,
should include mental health as well as physica	al health conditions to ensi	ure everyone has a
olistic overview of the difficulties a CYP may be	facilities in the in access to a	ducation