**

Individual Healthcare Plan

For pupils with medical conditions at school

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| Date form completed |  | |
| Date for review |  | |
| Copies held by |  | |
| 1. **Pupil Information** | | | |
| Name | | Class Teacher | |
| Date of Birth | | Male Female | |
| Member of staff responsible for home-school communication | | | |
| 1. **Contact Information** | | | |
| Pupils address | |  | |
| Family contact 1  Name  Telephone  Mobile  Relationship | | Family contact 2  Name  Telephone  Mobile  Relationship | |
| GP Name  Address  Telephone | | Specialist Contact  Name  Telephone | |
| 1. **Details of pupils medical condition(s)** | | | |
| Signs and symptoms of medical condition: | | | |
| Triggers that make the condition worse: | | | |
| 1. **Routine healthcare requirements**   (for example, dietary, therapy, nursing needs or before physical activity) | | | |
| 1. **What to do in an emergency** | | | |
| 1. **Regular medication taken during school hours**   (including name, dose and time of administration) | | | |
| 1. **Members of staff trained to administer medications for this pupil** | | | |
| **Home/School Agreement**  **Parental and pupil agreement**  I agree that the medical information contained in this plan may be shared with individuals involved in my/my child’s care and education (this includes emergency services)  I understand that I must notify the school of any changes in writing. | | Signed: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_  Pupil  Signed: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_  Parent/Carer | |
| **Healthcare professional agreement**  I agree that the information is accurate and up to date. | | Signed: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ | |
| **Head teacher agreement** | | | |
| I agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  will receive the above listed medication at the listed time. This arrangement will continue until the school is instructed otherwise by the named parent/carer in writing.  Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |