

Individual Health Care Plan 2024/2025

To be completed for each student with long-term or complex medication by Parent and GP/Consultant with Medical Administration Form attached

Name of student:		Date of birth:	
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Group / class / form / teacher:		Student address:	
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Date plan drawn up:		Date to be reviewed:	
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Contact information: Please complete with the details of <u>two</u> primary contacts for student Name			
<i>Name</i>			
<i>Address</i>			
<i>Daytime number</i>			
<i>Evening number</i>			
<i>Relationship</i>			
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Medical contact information: Please complete with the details of medical contacts			
<i>Contact</i>	GP	Clinic / hospital contact	
<i>Name</i>			
<i>Address</i>			
<i>Phone number</i>			
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Medical condition/illness and resulting needs, including medication: Describe medical needs and give details of student's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.			

Daily care requirements: *i.e. sport / lunchtime / arrangements for academy trips etc.*

Note down separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. separate risk assessment if necessary

Specific support and level of support required: *For student's educational, social and emotional needs.*

Who is responsible for providing support in the academy (and cover arrangements when they are unavailable):

Who in the academy needs to be aware of the student's condition:

Emergency information: *Describe what constitutes an emergency for the student, and action to be taken if this occurs.*

Follow up care:

**Who is responsible in an emergency (and cover arrangements when they are unavailable):
*State if different on off-site activities.***

Medical Administering:

Written consent received from Parents for pupil to self-administer during school hours

Written consent received from Parents for a *Member of Staff* to administer medicine to their child during school hours



Written consent received from Headteacher for pupil to self-administer during school hours	
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Written consent received from Headteacher for [<i>Member of Staff</i>] to administer medicine to [<i>name of student</i>] during school hours	
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Other information: [e.g. where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.]

Staff training needed / undertaken: *Who, what, when?*

<i>Parent / carer</i>		
<i>Student (if appropriate)</i>		
<i>Principal</i>		
<i>SENCO</i>		
<i>GP</i>		

Signed:

Date: