

Individual Health Care Plan

PHOTO	Name:	
	D:O:B:	
	Medical Condition/Diagnosis:	
	Date of Plan	
Plan Written by:		
Date Plan to be reviewed by:		

Brief Description of Medical Condition	
Condition/Diagnosis	
Triggers	
Signs	
Symptoms	
Treatment	

What to do in an Emergency?	
Plan	
Contingency Plan	

Family Contact Information	
Name	
Relationship	
Home Telephone	
Mobile Telephone	
Work Telephone	
Email	

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Name	
Relationship	
Home Telephone	
Mobile Telephone	
Work Telephone	
Email	

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Mobile Telephone	
Work Telephone	
Email	

Other Contact Information		
School	Hampton Vale Primary Academy	01733 247000
Class Teacher		
SENCO/Inclusion Lead	Amy Wright	awright@hvp.org.uk
Head Teacher	Paula Page	ppage@hvp.org.uk
School Nurse		
Specialist Nurse		
Consultant Paediatrician		
GP Surgery and Name of GP		
Other		

What are the Child's needs as a result of their medical condition and how will they be supported in school ? Does the child need specific support for educational, social and emotional needs as a result of their medical condition for example absence from school, extra time, rest breaks?		
Medical/ Educational/Social, Emotional Need	Support Required	When and by Who

Does the child have any allergies?	
Does the child have any dietary requirements?	

Does treatment include medication?					
Medication Need	Medication	Dose	When	How	Who

Is the child self - managing their medication or care?	
If Yes what are the arrangements for monitoring this?	
Are there any side effects of the medication?	
Does treatment of the medical Condition affect behaviour or concentration?	
Is there ongoing treatment that is not administered in school? What are the side effects?	
Medication Storage Requirements	
What are the cover arrangements for providing support/Medication?	

The Headteacher is responsible for making sure staff have received appropriate training to look after a student. School staff should be released to attend any necessary training.

What training is required	
Who needs to be trained	
Has the training been completed? Please sign and date.	

Arrangements or Procedures required for school trips or other activities outside normal school time tables that will ensure the child can participate, i.e risk assessment, staff ratios, access to medication.

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In signing this document the parent/carer is in agreement to the contents of this IHCP and gives consent for school staff to administer medicine in accordance with the instructions above. A record will be kept of any medication given in school.

	Name	Signature	Date
Student			
Parent/Carer			
Healthcare Professional			
Inclusion Lead/SENCO			