Individual Healthcare Plans

1. Child/Young Person Details

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name: |  | | |
| Education Health Care Plan? Y/N | | SEND support? Y/N | Looked After Child? Y/N |
| Date of birth: |  | | |
| Year group: |  | | |
| Educational setting: |  | | |
| Address: |  | | |
| Medical condition(s): | Brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours. | | |
| Allergies: |  | | |
| Date: |  | | |
| Date for review: |  | | |

1. Family Contact Details

|  |  |
| --- | --- |
|  | Contact 1 |
| Name: |  |
| Relationship: |  |
| Home phone number: |  |
| Mobile phone number: |  |
| Work phone number: |  |
| Email: |  |
| Address if different to child: |  |
|  | Contact 2 |
| Name: |  |
| Relationship: |  |
| Home phone number: |  |
| Mobile phone number: |  |
| Work phone number: |  |
| Email: |  |
| Address if different to child: |  |

1. Other Key Contacts

|  |  |  |
| --- | --- | --- |
|  | Name | Contact details |
| GP |  |  |
| Other health professional(s) |  |  |
| SEN co-ordinator |  |  |
| Class teacher |  |  |

1. Medical Condition and Medication

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medical condition | Drug | Dose | When | How is it administered? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Emergency Situations

|  |  |
| --- | --- |
| What is considered an emergency situation? |  |
| What are the symptoms? |  |
| What are the triggers? |  |
| What action must be taken? |  |
| Are there any follow up actions (eg tests or rest) that are required? |  |

1. Impact on Child’s Learning

|  |  |
| --- | --- |
| How does the child’s medical condition effect learning? (Memory, processing speed, coordination etc) |  |
| Does the child require any further assessment of their learning? |  |

1. Physical Activity

|  |  |
| --- | --- |
| Are there any physical restrictions caused by the medical condition(s)? |  |
| Is any extra care needed for physical activity? |  |
| Actions before exercise |  |
| Actions during exercise |  |
| Actions after exercise |  |

1. Trips and Activities Away From School

|  |  |
| --- | --- |
| What care needs to take place? |  |
| Who will look after medicine and equipment? |  |

10.Additional Information

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Signature | Date |
| Parents/ carer |  |  |  |
| School First aider |  |  |  |