**Individual Healthcare Plan for a Pupil with Medical Needs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name** | ………………………………..………..  | **Date of Birth** | ……………………… |
| **Year group** | ………………………… |  |  |  |
| **Condition** | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | *Please attach a recent photo of your child* |

|  |
| --- |
| **Primary Family Contact** *(parent/carer to be contacted in the first instance in an emergency)* |
| Contact name | ………………………………………………………………………..…. |
| Home telephone | …………………………………………………………………………… |
| Mobile telephone | …………………………………………………………………………… |
| Work telephone | …………………………………………………………………………… |
| Relationship to child | …………………………………………………………………………… |
| **Secondary Family Contact** |
| Contact name | …………………………………………………………………….… …. |
| Home telephone | …………………………………………………………………………… |
| Mobile telephone | …………………………………………………………………………… |
| Work telephone | …………………………………………………………………………… |
| Relationship to child | …………………………………………………………………………… |

*continued overleaf*

|  |
| --- |
| **Clinic / Hospital Contact** |
| Contact name | …………………………………………………………………….…………………. |
| Contact telephone | …………………………………………………………………….…………………. |
| GP name | …………………………………………………………………….…………………. |
| GP telephone | …………………………………………………………………….…………………. |
| **Describe condition and give details of pupil’s individual symptoms:** |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………. |
| **Daily care requirements (eg. before sports/at lunchtime):** |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………. |
| **Describe what constitutes an emergency for the pupil, and the action to take if this occurs:** |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………. |
| **Follow up care:** |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………. |
| **Who is responsible in an emergency? State if different on off-site activities:**  |
| ………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………. |
| **Signed** | ………………………………..………..  | **Date** | …….………………… |