Individual Healthcare Plan

Name ----------

Date of Birth ----------

Condition ----------

Class/Form----------

Date ---------- Review date----------

Name of School ----------

Photo

CONTACT INFORMATION

Family contact 1

Name----------

Phone No. (work)----------

(home)----------

Relationship----------

Family contact 2

Name----------

Phone No. (work)---------- ---------

(home)----------

Relationship----------

Clinic/Hospital contact

Name----------

Phone No----------

GP

Name----------

Phone No----------

Describe condition and provide details of pupil's individual symptoms

_____

_____

_____

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_____

_____

Daily care requirements (eg before sport/at lunch)

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_____

_____

_____

_____

_____

Describe what constitutes an emergency for the pupil, and the action to take if this occurs

_____

_____

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_____

Follow up care

_____

_____

_____

_____

_____

_____

Who is responsible in an emergency (State if different if on off site activities)

_____

_____

_____

_____

_____

_____

Form copied to

_____

_____

_____

_____

_____

_____

Parent/Carer signature and date _____

Pupil signature (if appropriate) _____

Academy staff responsible for IHP signature and date_____

Relevant Healthcare Professional signature and date

1. _____
2. _____
3. _____