

Section 4: Individual Health Plan

Name of Setting:	
Child's Name:	
Group/Class/Form:	
Date of Birth:	
Child's Address:	
Medical Diagnosis or Condition:	
Review Date:	

Family Contact Information

Name:	
Relationship to Child:	
Phone Number (Work):	
Phone Number (Home):	
Phone Number (Mobile):	
Name:	
Relationship to Child:	
Phone Number (Work):	
Phone Number (Home):	
Phone Number (Mobile):	

Clinic / Hospital Contact

Name:	
Phone Number:	

GP Contact

Name:	
Phone Number:	

Who is responsible for providing support in school?

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits/trips etc.:

Other information:

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

Who is responsible in an emergency?
(state if different for off-site activities)

Plan developed with:

Staff training needed/undertaken – who, what, when?

Form copied to: