

Individual Healthcare Plan

Name of School	The Joseph Whitaker School
Child's Name	
Tutor Group	
Date of Birth	
Child's Address	
Medical Diagnosis or Condition	
Date	
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

Name	
Phone Number	

Who is responsible for providing support in school	Mrs Karen Cole and Mrs Melanie Baggaley
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Individual Healthcare Plan

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

Individual Healthcare Plan

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

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

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Plan developed with

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Staff training needed/undertaken – who, what, when

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Form copied to

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Signed: _____ Date: _____

Individual Healthcare Plan

Parent/Carer

Signed: _____ **Date:** _____
Mrs Karen Cole

Signed: _____ **Date:** _____
Mrs Melanie Baggaley

Signed: _____ **Date:** _____
Mr David Bell