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 |    |   |   |