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

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| **Details of Child and Condition** | |
| Name of child: | ***Add photo here*** |
| Date of birth: |
| Class/Form: |
| Medical Diagnosis/Condition: |
| Triggers: |
| Signs/Symptoms: | |
| Treatments: | |
| Has the Parental Consent Form been completed?  *Yes/No*  *(Medication cannot be administered without parental* *approval)* | |
| Date: | Review Date: |
| **Medication Needs of Child** | |
| Medication: | |
| Dose: | |
| Specify if any other treatments are required: | |
| Can the pupil self-manage his/her medication? *Yes/No* If *Yes*, specify the arrangements in place to monitor this:    Indicate the level of support needed, including in emergencies: *(some children will be able to take responsibility for their own health needs)* | |
| Known side-effects of medication: | |
| Storage requirements: | |
| What facilities and equipment are required? *(such as changing table or hoist)* | |
| What testing is needed? *(such as blood glucose levels):* | |
| Is access to food and drink necessary? *(where used to manage the condition):  Yes/No*  Describe what food and drink needs to be accessed | |
| Identify any dietary requirements: | |
| Identify any environmental considerations *(such as crowded corridors, travel time between lessons):* | |
| Action to be taken in an emergency *(If one exists, attach an emergency healthcare plan prepared by the child’s lead clinician):* | |
| **Staff Providing Support** | |
| Give the names of staff members providing support *(State if different for off-site activities):* | |
| Describe what this role entails: | |
| Have members of staff received training?  *Yes/No*  (*details of training should be recorded on the Individual Staff Training Record, Appendix 4)* | |
| Where the parent or child have raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child’s condition: | |
| Detail the contingency arrangements in the event that members of staff are absent: | |
| Indicate the persons (or groups of staff) in school who need to be aware of the child’s condition and the support required: | |
| **Other Requirements** | |
| Detail any specific support for the pupil’s educational, social and emotional needs  *(for example, how absences will be managed; requirements for extra time to complete exams; use of rest periods; additional support in catching up with lessons or counselling sessions)* | |
| **Emergency Contacts** | |
| ***Family Contact 1***  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone  *Work*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Home*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Mobile*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Family Contact 1***  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone  *Work*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Home*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Mobile*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Clinic or Hospital Contact***  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone:  *Work*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***GP***  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone:  *Work*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signatures** | |
| *Signed*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Headteacher)* | *Signed*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Medication Coordinator)* |