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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)* |