Individual Healthcare Plan (IHCP)

School/setting:				**PHOTO**
Name of child:				
Date of birth:		**Class/group:**		
Address of child:				
Sex:	male ☐ female ☐	**Pronouns:**	he ☐ she ☐ they ☐	
Date:		**Review date:**		

Who is responsible for providing support in school?	

Medical Diagnosis or Condition

EMERGENCY CONTACT INFORMATION			
Family Contact 1		**Family Contact 2**	
Name:		**Name:**	
Relationship to Child:		**Relationship to Child:**	
Work Tel. No:		**Work Tel. No:**	
Home Tel. No:		**Home Tel. No:**	
Mobile Tel. No:		**Mobile Tel. No:**	
Clinic or Hospital Contact		**GP Contact**	
Name:		**Name:**	
Contact No:		**Contact No:**	

Describe the child's medical needs (e.g., details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.)

Medicine details (e.g., name of medicine, dose, method of administration, when it is to be taken, adverse or side effects, contra-indications, whether the pupil can self-administer independently under supervision, with prompts or direction, or with physical support, whether it is carried by the child and how it is carried etc.)
Which (if any) of these medicines are controlled drugs:
Agreed procedure if the medicine or procedures are refused by the child
Daily care requirements (e.g., before sports activities, at lunchtime etc.)
Specific support in place for any educational, social, emotional, or mental health needs (include re-integration and any partnership working following absences e.g., Local Authority hospital/home tuition services etc. and sensitive management of re-integration after serious incidents at school.
Arrangements for educational visits or other activities outside the normal timetable
Other Information

Describe what constitutes an emergency and the action to take if this occurs	
Permission is given to administer school salbutamol in an asthma emergency:	YES ☐ NO ☐ N/A ☐
Permission is given to administer school adrenalin in an anaphylaxis emergency:	YES ☐ NO ☐ N/A ☐

Describe any follow-up care required

Who is responsible in an emergency? (Please state if different for different activities e.g., off-site etc.):

Staff training needs identified or already undertaken (e.g., names of staff trained, what training they have received and when, along with any plans to train others and when)

Plan developed with: (e.g., child, parents, healthcare professional, therapist etc.)

Print Name	Signature	Relationship to child:	Date

Form copied to (Please state who holds copies of this information and where)**:**