



Individual Healthcare Plan

Name of school	Marlow C of E Infant School
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis/condition	
Date	
Review date	

Family Contact Information

Contact 1	
Relationship to child	
Phone no.	
Contact 2	
Relationship to child	
Phone no.	

GP Contact

Name	
Phone no.	

Clinic/Hospital Contact

Name	
Phone no.	



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

--

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

--

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

--

Plan developed with

--

Staff training needed/undertaken – who, what, when

--



Name of parent:

Signed:

Date:

Name of headteacher:

Signed:

Date: