



### Individual Health Care Plan (IHCP)

Name of Academy

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Name of child

--

Group / class / form

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Date of birth

--

Child's address

--

Medical diagnosis or condition

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Date

--

Review date

--

**Family contact information**

Name

--

Telephone number (work)

--

Telephone number (home)

--

Telephone number (mobile)

--

Relationship to child

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Name

--

Telephone number (work)

--

Telephone number (home)

--

Telephone number (mobile)

--

**Clinic / Hospital contact**

Name

--

Telephone number

--

**GP**

Name

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Telephone number

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Who is responsible for providing support in academy

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 student's educational, social and emotional needs

Arrangements for academy visits / trips etc.

Other information

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

Student's views



Staff training needed / undertaken – who, what, when

Parental Signature and Date

Form copied to

Name