**INDIVIDUAL HEALTH CARE PLAN**

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| --- | --- | --- | --- |
| **Name of Student** |  | **Tutor Group** |  |
| **DIAGNOSED CONDITION:** |  |  |  |
| **Address** |  | **Date of Birth** |  |
| **Date of Completion of Plan** |  | **Date of Review of Plan** |  |
| **Plan Completed By** |  | **Plan Approved By** |  |

**Emergency Contacts**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to child** |  |
| **Telephone numbers**  **Home**  **Work**  **Mobile** |  |
| **Email** |  |
| **Address if different to child** |  |
| **Name** |  |
| **Relationship to child** |  |
| **Telephone numbers**  **Home**  **Work**  **Mobile** |  |
| **Email** |  |
| **Address if different to child** |  |

**Other Essential Contacts**

|  |  |  |
| --- | --- | --- |
| **Contacts** | **Reason for contact** | **Contact number** |
| **General Practitioner** |  |  |
| **Other healthcare professional** |  |  |
| **Form Tutor** |  |  |
| **Special Educational Needs**  **Co-ordinator (if applicable)** |  |  |
| **Other relevant teaching staff (e.g. trained on diet)** |  |  |
| **Other relevant non-teaching staff** |  |  |

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| --- | --- |
| **Diagnosed Condition** |  |
| **Description of Condition** |  |
| **Symptoms**  **(include any triggers, warning signs, environmental issues)** |  |
| **Emergency Symptoms, Treatment and Other Action** |  |
| **Medication/Treatment**  **(Routine/Emergency)**  **(include dose, administration arrangements, side effects and other considerations)** |  |
| **Who should this information be shared with** | **All Staff Trip Leaders Only First Aid Staff PE Staff** |
| **Dietary Requirements** |  |
| **Intimate Care Requirements** |  |
| **Arrangements for Physical Activities** |  |
| **School Trips and Off Site Visits** |  |
| **Specific support for social and emotional needs (educational needs to be detailed in SEN plan)** |  |
| **Training Required for Support Staff** |  |
|  |  |
| **The information that you provide on this form will enable the school to provide your child with the necessary support for their medical condition. This information will only be shared with staff within the school who need this information to be able to assist your child, for example; First Aid Staff, School Nurse, PE Staff, trip leaders etc. it will be processed in a confidential manner and kept securely at all times. For further information about how we process student information please see our full Privacy Notices on our website at this link;**[**https://www.stnicholasowen-mac.org.uk/**](https://www.stnicholasowen-mac.org.uk/) | |

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| **School Representative Name** |  | **Parent/Guardian Name** |  |
| **School Representative Signature** |  | **Parent/Guardian Signature** |  |
| **Date** |  | **Date** |  |

Resources/First Aid/First Aid/IHCP/2020-2021/