# CARRINGTON JUNIOR SCHOOL

**INDIVIDUAL HEALTHCARE PLAN**

Insert Pupil’s Photo

|  |  |
| --- | --- |
| Child’s name |  |
| Class |  |
| Date of birth |  |  |  |  |
| Child’s address |  |
| Medical diagnosis or condition |  |
| Date |  |  |  |  |
| Review date |  |  |  |  |
| **Family Contact Information** |  |
| 1. Name
 |  |
| Relationship to child |  |
| Phone no. (work) |  |
| (home) |  |
| (mobile) |  |
| 1. Name
 |  |
| Relationship to child |  |
| Phone no. (work) |  |
| (home) |  |
| (mobile) |  |
| **Clinic/Hospital Contact** |  |
| Name |  |
| Phone no. |  |
| **G.P.** |  |
| Name |  |
| Phone no. |  |

|  |  |
| --- | --- |
| **For School Use Only:**Who is responsible for providing support in school |  |

*Please turn over…*

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

|  |
| --- |
|  |

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)*

|  |
| --- |
|  |

*Please turn over…*

Signed by: ……………………………………………………………………………………..

Name of Parent: ………………………………………………………………………………

Date: …………………………………………………………………………………………...

Signed by: ……………………………………………………………………………………..

Job Title: ………………………………………………………………………………………

Date: …………………………………………………………………………………………...

**For School Use Only:** Plan developed with

|  |
| --- |
|  |

**For School Use Only:** Staff training needed/undertaken – who, what, when

|  |
| --- |
|  |

**For School Use Only**: Form copied to

|  |
| --- |
|  |