# 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

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|  |

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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|  |

Daily care requirements

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|  |

Specific support for the pupil’s educational, social and emotional needs

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Arrangements for school visits/trips etc

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|  |

Other information

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

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|  |

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

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| --- |
|  |

*Please turn over…*

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

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

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

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

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

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

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

|  |
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|  |

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

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| --- |
|  |

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

|  |
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