

Individual Healthcare Plan

Student's full name	
Tutor Group	
Date of birth	
Medical diagnosis or condition	
Date IHP completed	

Family Emergency Contact Information

Name & relationship to student	
Phone no. (work)	
(home)	
(mobile)	
Name & relationship to student	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school?	
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Describe the student's medical needs and give details of student's symptoms, allergies, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Individual Healthcare Plan

Please give details of medication: full name, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

What if any are the daily care requirements needed in school?

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

If prescribed an AAI. In the event of my child displaying symptoms of severe allergic reaction / anaphylaxis, and if their AAI is not available or is unusable, I consent for my child to receive adrenaline from an emergency Epipen (0.3mg) held by the school for such emergencies.

Are there any additional arrangements required for school visits/trips?
(Information and consent to be given by parents/carers for each individual school trip)

IHP developed and agreed by:

Parent/Carer's names	School Staff names

School Use Only: Are there any additional staff training requirements?