



## Baddow Hall Infant School

### Individual Healthcare Plan

Pupil details	
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date of plan	
Review date	
Family Contact information	
Name	
Relationship to child	
Phone (work)	
Phone (home)	
Phone (mobile)	
Name	
Relationship to child	
Phone (work)	
Phone (home)	
Phone (mobile)	
Clinic/Hospital contact	
Name	
Phone number	
GP	
Name	
Phone number	

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

Individual Healthcare Plan – OFFICIAL SENSITIVE

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
<b>Emergencies</b>
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	
Staff training needed/undertaken – who, what, when	
Form copied to	
Date of plan	
Date of review	

Signed ..... Relationship to child ..... Date .....