Individual Healthcare Plan (IHP)

Childs Information;

Name	
Year/Class/Form	
Date of Birth	
Address	
Allergy or Medical Need or Condition Diagnosis	
Date of IHP	
Review Date	

Parents/Carers Information;

Name	Designation	Contact Numbers

Medical Professionals Contact Information;

Name	Designation & Hospital/Clinic	Contact number / email
	GP	

Describe allergy or 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 SEMH

Arrangements for Trips

Any other Information or Reasonable Adjustments required

Emergency Details

What happens	Actions needed	By whom	Responsibility

Actions

Action	Training Need	Who	By When

Signed (parent/Carer)…….....

Signed (school)…….....

Date…….

To be shared with: