

Individual Healthcare Plan (IHP)

Childs Information;

Name		Current Photo of Child
Year/Class/Form		
Date of Birth		
Address		
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 medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc. **Include details of any other plans issued by health professionals.**

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, **where it is stored and how it is accessed and when consent was given by parents for medication to be administered. If applicable, where spare medication is stored e.g. AAls.**

Daily Care Requirements **(include any additional requirements throughout the school day e.g. mealtimes or changes to practice to mitigate risk)**

What is the potential impact on the child's health, emotional wellbeing and learning? Are there any interactions between medical condition and SEND needs, if applicable?

Arrangements for Trips

Any other Information or Reasonable Adjustments required. **Include any information regarding the child's involvement in managing their medical needs if applicable.**

Emergency Details

What happens	Actions needed	By whom	Responsibility
If there is a risk of allergic reaction, would the child be aware and would they be able to alert others?			

Actions

Action	Training Need	Who	By When

Signed (parent/Carer).....

Signed (school).....

Date