

# Individual Health Care Plan (IHCP)

Name of school

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


## Family Contact Information

Name

Relationship to child

Phone no.

Name

Relationship to child

Phone no.


## Hospital Contact

Name

Phone no.


## G.P.

Name

Phone no.


Who is responsible for providing support in school

1.
2.

**Medical needs**

Describe 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

Medication Dose Method of administration Side effects Administered by self _____ (Yes/ No) Supervised _____ (Yes/ No)
Medication Dose Method of administration Side effects Administered by self _____ (Yes/ No) Supervised _____ (Yes/ No)

**Daily care requirements**

Diet

Timetable

Activities

Other requirements

Special educational needs (Please give details)

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

Arrangements for school visits/trips etc.

**Other information**

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)*

- 1.
  
- 2.

Plan developed with

- 1.
  
- 2.
  
- 3.
  
- 4.

**Staff training**

Name	Date delivered by whom/signed	Review

**Reference**

Adapted from:

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