



Form A: Individual Healthcare Plan

This form is to be completed if your daughter has a medical condition. The condition may not require her to take medication regularly, and even if it does, she may not need to take medication during school time. These details are simply required by the School so that we are aware of how it is managed, minimise the risks of an exacerbation, and plan for trips.

Name:	Class:	Date of birth:
Medical diagnosis/name of condition: [If allergy, please write name of allergen]		
Today's date:	Plan to be reviewed on:	OR: Ongoing

Family Contact Information [Details of two people please]	
Name:	Relationship to child:
Tel (home):	Tel (Mob.):
Name:	Relationship to child:
Tel (home):	Tel (Mob.):

Medical Details		
Clinic/hospital:	Name:	Phone:
GP:	Name:	Phone:
Who is responsible for providing support in school? [If no support needed, please put n/a]		
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.		
Is any care required in school? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Specific support for the pupil's educational, social and emotional needs		
Arrangements needed for school visits/trips etc.		



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*)

The information included in this form is complete and accurate to the best of my knowledge. If there are any changes to the above information, I understand it is my responsibility to inform the School.

Name:

Signature:

For office use only

Plan developed with:

Staff training needed: No Yes

If yes, who, what, when: