



# Individual Healthcare Plan

## Please complete as required

It is imperative that this form is completed if your child suffers from any of the following:  
Asthma, Diabetes, Epilepsy, Heart Condition, Severe Allergy  
or requires medication during school hours

Insert Pupil's Photo
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Name of school/setting	The Buckingham School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

## Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

## Clinic/Hospital Contact

Name	
Phone no.	

## G.P.

Name	
Phone no.	
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

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

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

Additional staff training required Y / N

Name of Parent/Carer: .....

Staff Name:.....

Signature: .....

Signature: .....

Date: .....

Date: .....