

Individual Health Care Plan



Identification Details:	
Name of Child:	
Date of Birth:	
Address:	
School:	Tanfield Lea Community Primary School
Class/Year:	
Contact Details:	
Parent/Carer:	
Alternate family contact:	
Doctor:	
Any other relevant Health Professionals:	
Medical Details:	
Medical Condition (including any triggers/signs/symptoms:	
Key facts about how child is affected:	
Medication prescribed:	
Side effects:	
Treatment Regime:	
Frequency of Treatment in School:	
Personnel administering medication:	
Staff Training: Is it required? If yes state, who led it, when did it take place and who was trained.	
Action to be taken in event of emergency or crisis:	
Any additional requirements e.g. Social/Emotional:	
Considerations to be taken in case of Educational Visit:	

Individual Health Care Plan



Facilities Required:	
Accommodation:	
Where medication is kept:	
Who has access to the medication:	
Staff Training/Management/Administration:	
Review date:	
Personnel involved in review:	

Consent - IHCP discussed and agreed by:	
Signed (Parent/Carer) :	Date:
Signed (Head Teacher) :	Date:
Signed: (School Nurse) :	Date:

Other things to be considered:
<ul style="list-style-type: none"> • <i>Will staff training be required?</i> • <i>Are there any risks involved for the child or staff?</i> • <i>In the event of an emergency are there any specific cautions or requirements?</i> • <i>Would staff be required to lift or move the child, and what training and safeguards would be required for that? (If so then additional guidelines need to be attached)</i> • <i>Where will the care plan be kept and who will have access to it?</i> • <i>How can confidentiality be ensured?</i> • <i>Should all members of staff be informed about the child's needs or just some?</i> • <i>Do other children need to be informed about the child's needs? Need to get parental consent.</i>