



**Confidential**  
**Individual Pupil Healthcare Plan – Overview**

Child's name			
Class / NCY		Date of birth	
Child's address			
Medical diagnosis or condition			
Date		Review date	

**Family Contact Information**

Name		Insert Photo
Relationship to child		
Phone no.		
(mobile)		

**Clinic/Hospital Contact**

Name		Phone no.	
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**G.P.**

Name		Phone no.	
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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

Staff training needed/undertaken – who, what, when