



INDIVIDUAL HEALTHCARE PLAN (Page 1 of 3)

Name of School	Portway Junior School
Child's Name	
Class	
Date of Birth	
Child's Address	
Medical diagnosis or condition	
Date	
Review Date	

Family Contact Information

Name	
Relationship to Child	
Phone Number (home)	
Phone Number (work)	
Phone Number (mobile)	
Name	
Relationship to Child	
Phone Number (home)	
Phone Number (work)	
Phone Number (mobile)	

Clinic/Hospital Contact

Name	
Phone Number	

GP

Name	
Phone Number	

Who is responsible for providing support in school?	
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Child's Name	
Class	

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



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Child's Name	
Class	

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

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