

# Individual Healthcare Plan

Name of school/setting

St Peter's C of E Primary School

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Office use only

## Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Relationship to child

## Clinic/Hospital Contact

Name

Phone no.

## G.P.

Name

Phone no.

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, 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

Describe what constitutes an emergency, and the action to take if this occurs

Other information