Individual Healthcare Plan (IHCP)

Child's name	
Photo* **If parents give consent*	
Class/Form	
Date of birth	
Age	
Medical diagnosis or condition	
Date of plan	
Date of plan review	

Family contact information: FIRST contact	
Full name	
Relationship to child	
Phone number (work)	
Home	
Mobile	
Address, if different to child	

Family contact information: SECOND contact	
Full name	
Relationship to child	
Phone number (work)	

Home	
Mobile	
Address, if different to child	

Clinic/Hospital Contact/Pharmacy	
Name	
Role	
Contact number	

GP	
Name	
Surgery/Practice	
Contact number	

School	
Who is responsible for providing support in school?	
What are the expectations of the role? (even if the child is self-administering)	
Who will cover this role if they are absent?	

Medical needs	
What are the medical needs?	
What are the symptoms experienced by the child?	

What are the signs that can be seen that are an indication of the child being unwell?	
What can trigger an incident?	
Is treatment required? If so, what treatments are needed?	
What equipment/device is required?	
Where is this stored?	
Where will treatment be administered?	

Medication	
Name of medication	
Dose	
Time the dose is to be taken	
Method of administration (including 'with water' etc)	
Side effects	
Contraindications (any circumstances in which the medicine should not be given)	
What other medication are they on?	
Who is administering the medicine? (including who is supervising self-administering)	
Have they been appropriately trained? (Give date)	

Which other staff have been appropriately trained to administer medicine (in case of absence or on school visits)?	**When?**
Name	*Date*
Name	*Date*
Name	*Date*

Daily Care requirements (including intimate care/need for food with medicines/need for bloods testing etc):
Potential risks to staff (including manual handling/blood borne virus etc):
Specific support for the pupil's educational, social and emotional needs:
Arrangements for school visits/trips (including overnight/residential):
Other information: (Requirements for emergency evacuation/fire drill etc. Is a PEEP and/or an EHCP in place?)
Describe what constitutes an emergency, and the action to take if this occurs.

Who is responsible in a medical emergency?	
On site	
Off site	

Who needs to be aware of this plan, the child's condition and the support required? *Check appropriate box*			
Role	**Name**	**Yes**	**No**
Office/Admin staff		☐	☐
Class teacher		☐	☐
Classroom support		☐	☐
Dinner time support		☐	☐
After school club support		☐	☐
Headteacher		☐	☐
Site manager		☐	☐
Whole teaching staff		☐	☐
Whole school staff		☐	☐
External providers *sports coaches/swimming instructors/peripatetic teachers etc*		☐	☐
Supply/cover/PPA cover teachers		☐	☐
EYFS unit staff		☐	☐

Plan developed with *tick and name where applicable*	
☐ Parent	
☐ Pupil	
☐ School representative	
☐ School nurse/health representative	

Parental agreement for school to administer medicine (Including self-administration):

I understand that I must deliver the medicine personally to ……………………………………………….

(agreed member of staff)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering/my child self-administering (select as appropriate) medicine in accordance with the school policy and this plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

I agree to the school sharing information appropriately to relevant members of staff (on a need to know and confidentiality basis in line with the school policy.

In the case of diagnosed, severe allergic reactions where the child has already been prescribed an auto adrenaline injector: I give consent for my child to use the school's emergency auto adrenaline pen in a case of emergency.

Name: ………………………………………………….

Signed ……………………………………………(parent/carer) Date …………………………………

Individual Healthcare Plan (IHP): Updates within the academic year

Queensbury Academy

Child's name	
Class/Form	
Date of birth	
Age	
Medical diagnosis or condition	
Date of plan:	
Date of plan review:	

Updates to Plan:

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QUEENSBURY ACADEMY
2012