

Individual Health Care Plan

Please complete this full IHCP for all health conditions. Thank you.

Child Identification Details:

Child's Name:	
Date of Birth:	
Address:	
Class:	
Emergency name & number:	
Today's Date:	
Present at meeting:	

Medical Details

Medical Condition (diagnosis details and date):	
Triggers, signs of symptoms:	
Any action to be taken to remove or limit triggers?	
Letters from Doctors?	
Treatment regime:	
Medication Prescribed - include dose and frequency:	
Date dispensed:	
Expiry date:	
Storage requirements of medicine:	
Possible side effects of medication:	
Action to be taken in emergency:	

Contact details

Parents name Priority 1:	
Telephone number:	
Parents name Priority 2:	
Telephone number:	
GP Name:	
GP address:	
GP telephone number	
Other relevant medical contacts - name, job title and telephone number:	

Support Required

In an exasperation of symptoms or emergency, what support is required? Is your child self-sufficient?	
Is any support required during class times?	
Is extra support required during physical activity?	
Is extra support required on school trips?	
Is this condition likely to cause many days off sick? What support can be put in to reduce days off sick?	
Is there training of staff required? If yes, who and what training?	
Do any interim measures need to be put into place until staff trained etc?	

Date of meeting:	
Present at the meeting:	
Review Date:	