



## Individual Health Care Plan

Child's name  
Learning mentor group  
Date of birth  
Child's address  
Medical diagnosis or condition  
Date  
Review date


### Family Contact Information

Name  
Relationship to child  
Telephone (work)  
Telephone (home)  
Telephone (mobile)  
Name  
Relationship to child  
Telephone (work)  
Telephone (home)  
Telephone (mobile)


### Clinic/Hospital Contact

Name  
Phone no.


### G.P.

Name  
Phone no.


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

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