

Individual Healthcare Plan

Pupil name:	
Date of birth:	
Address:	
Class:	
Date plan drawn up:	
Contact 1 Relationship Name/address/telephone number	
Contact 2 Relationship Name/address/telephone number	
GP:	
GP Contact details:	
<u>Clinic/Hospital Contact</u>	
Name:	
Phone No:	
Medical condition:	
Describe medical condition and give details of pupil's individual symptoms:	
Daily care requirements (e.g. before sport/at lunchtime):	
Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:	
Follow up care:	
Who is responsible in an emergency (State if different on off-site activities):	

Signed:		Date:
Parent/Carer:		
Pupil (where appropriate):		
Headteacher (where appropriate):		
SENCO (where appropriate):		
GP (where appropriate):		

