

IHCP4

Individual Health Care Plan Epilepsy

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day-to-day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child's full name: _____

Child's date of birth: _____

Child's class: _____

Having epilepsy means that you have a tendency to have epileptic seizures. A seizure happens when there is a sudden burst of intense electrical activity in the brain, which causes a temporary disruption in the way the brain normally works.

Epilepsy.org.uk

Emergency Contact details:

Contact 1

Name:

Relationship to child:

Contact numbers:

Contact 2

Name:

Relationship to child:

Contact numbers:

Condition/cause of epilepsy, anything that makes seizures more likely, early warning signs?

Any other health conditions:

Description of Seizures:

How long do seizures usually last?

What happens after a seizure and how long does it usually take to recover?

Medications given at home (please include all medications given)

Name of medicine	Is this prescribed for epilepsy?	Strength/Amount given	Times given

Medication to given in school

Name of medicine	Is this prescribed for epilepsy?	Strength/Amount given	Times to be given

Emergency care

Please fill in this section if your child has been prescribed emergency medication for their epilepsy.

Name and strength of medication

When should the medication be given?

How much medication should initially be given?

What action should be taken if medication is given?

Signed _____ Name _____

Date _____