

IHCP5

Individual Health Care Plan

Name of Condition:

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: _____

Summary description of medical and health complications associated with this condition:

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.....
.....

Emergency Contact details:

Contact 1

Name: _____

Relationship: _____

Contact numbers: _____

Contact 2

Name: _____

Relationship: _____

Contact numbers: _____

Emergency care

Please fill in this section if your child has been prescribed emergency medication for managing this condition.

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?

Non Emergency Care of this pupil's condition

Likely source, cause or early warning signs associated with this condition that would signal to school staff that something requiring medical help might be about to happen?

Any other health conditions to be considered alongside this condition:

Description of how this condition affects this child/young person:

How long do complications/attacks with this condition usually last?

When this condition becomes a problem how long does it usually take to recover?

Medications given at home (please include all medications given)

Name of medicine	Is this prescribed for this condition?	Strength/Amount or dose given	Times given

Medication to given in school

Name of medicine	Is this prescribed for this condition?	Strength/Amount or dose to give	Times to be given

Heath care plan agreed by:

Parent/carer: _____

Date: _____

Healthcare professional (if applicable): _____

Date: _____

Member of school staff: _____

Date: _____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary. This care plan will be reviewed yearly or more often if required; it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____
