

**ST LUKE'S C.E. PRIMARY SCHOOL**  
**Individual Healthcare Plan**

**SECTION ONE: PARENTAL & HEALTH PROVIDER INFORMATION**

Pupil information		
Name of Child		
Name of parents/carers		
Date of Birth		
Class/Form		
Contact Information		
Pupil's address		
Family Contact 1	Name:	Relationship:
	Phone:	Mobile:
Family Contact 2	Name:	Relationship:
	Phone:	Mobile:
GP	Name:	Phone:
Specialist Contact	Name:	Phone:
Details of medical condition		
Medical condition		
Signs & symptoms		
Triggers or things that make this pupil's condition worse		
Healthcare requirements		
During school hours		
Outside school hours		
Medication needs (dose, storage, side effects)		
Emergency medication		
What to do in an emergency		
Are other treatments or actions needed?	Eg time, facilities, equipment, access to food & drink, environmental issues	
What level of support is needed ?	(some children will be able to take responsibility for their own healthcare, including emergencies)	
Any specialist arrangements required		

<b>for off-site activities</b>		
<b>Parental and Pupil Agreement</b>		
<p>I agree that the medical information contained in this form may be shared with individuals concerned with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing. Please notify the school of there are any confidentiality issues.</p>		
Signed:		Date:
Print name:		
<b>SECTION TWO: SCHOOL SUPPORT INFORMATION</b>		
<b>Medication</b>		
Has written permission been provided by parents for medicine administration?	Parental agreement for school to administer medicine received?	Parental agreement for pupil to self-administer medication received?
Where medication is to be given by staff	Member of staff & cover	Any training reqd? Has this been received?
Level of support	Is the pupil self-managing medication?	If so, arrangements for monitoring
<b>Other support</b>		
Specific support for the pupil's educational, social and emotional needs	(eg how absences will be managed, additional support for catching up, counselling sessions)	
Who will provide this support?-	Support:	Cover arrangements:
Support Training needs	Required:	Training completed: Confirmation of proficiency:
Procedures required for school trips or other activities.	Arrangements required for activities outside the normal school timetable that will ensure the child can participate (eg risk assessments)	
Does the pupil have any Special educational needs?	Ensure IHPS is linked to statement or EHC plan	
Date of review:	Next review due (Annual review required):	