



INDIVIDUAL HEALTHCARE PLAN

The support and provision of students with medical needs is a primary concern for staff at St. Joseph's. We strive to ensure your child is happy, healthy and safe. IHPs are created for children with long-term and substantial medical conditions, and are reviewed every 12 months.

Child Details:	
Name of Child:	
Date of birth:	
Home address:	
Medical condition or diagnosis:	
Other additional needs (including Special Educational Needs and Disabilities):	
Contact Information:	
1) Name of Parent / Carer: Address: Home telephone number: Mobile telephone number: Work telephone number: E-mail address:	2) Name of Parent / Carer: Address: Home telephone number: Mobile telephone number: Work telephone number: E-mail address:
Name of Other Emergency Contact: Relationship to child: Home telephone number: Mobile telephone number: Work telephone number:	
Clinic / Hospital Contacts: Address: Telephone number:	Name of GP and Practice: Address: Telephone number:

<p>Other Involved Agencies:</p> <p>Name:</p> <p>Address:</p> <p>Telephone number:</p>	<p>Other Involved Agencies:</p> <p>Name:</p> <p>Address:</p> <p>Telephone number:</p>
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Healthcare Information:

Describe the child's medical needs and give details of the symptoms: Please use a separate sheet if necessary
(For Asthma, Epilepsy, Allergies or Eczema please complete the enclosed form also)

Describe the nature of the student's follow up care:

Describe the student's daily care requirements (e.g. before school / before lunch / before sport / during lessons):

Describe what constitutes as an emergency for the child:

In what situation would an ambulance need to be called?

Please see diabetic care plan

Please see Asthma Information for details

Please see Allergy Information form for details.

Please see Epilepsy Information form for details.

List any medication that the school are to hold and explain how these medications should be managed. (That aren't included on an additional form or care plan)

NB: Further written consent is needed from parents/carers for school staff to hold, dispense or administer any medications. Please request this form separately from the school office.

PARENT/CARER SIGNATURE:

Signature:

Date:

School Administration Section – To Be Completed By The School Office:

Describe any cover arrangements that need to be organised in the event of designated staff absence

Person responsible in the event of an on-site emergency:

First Aiders / Those with responsibility for safeguarding.

Person responsible in the event of an off-site emergency:

Trip organiser / Senior Leadership Team.

Protocol in the event of an emergency:

1. Call an ambulance
2. Notify SLT
3. Contact parents
4. Print out IHP/SIMS information

Medications (including EpiPen and inhalers) currently held:

Are the medications in-date? YES /NO

List the nature of any additional documentation received and the date of receipt:

- Diabetic care plan completed
- Asthma form completed
- Allergy form completed
- Anaphylaxis/Allergy care plan completed
- Eczema form completed
- Epilepsy form completed
- Medication authorisation form completed

SCHOOL SIGNATURE:

Signature:

Position:

Date: