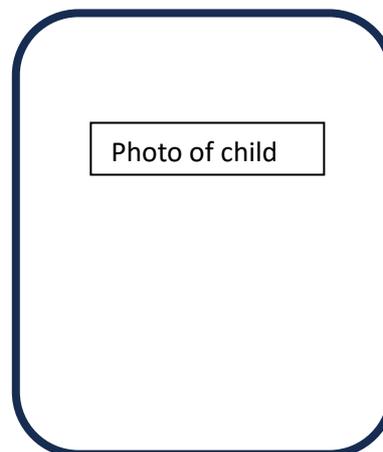


# Chadsmead Primary Academy

## Individual Health Care Plan



Staff use only: Distribution	Class Teacher	Lunchtime Supervisor	Kitchen	Office Master	Other:
<b>Child's Information</b>					
Child's Name					
Medical Diagnosis and Condition					
Class and Year					
Date of Birth					
Child's address					
Date Form Completed					
Review Date					
<b>Emergency Contact Information</b>					
Name					
Relationship to child					
Phone Number (Mobile)					
Phone Number (Home)					
Name					
Relationship to child					
Phone Number (Mobile)					
Phone Number (Home)					
<b>Medical Information</b>					
GP Name					
GP Practice					
Phone Number					
Clinic / Hospital Name					
Clinic Hospital					
Phone Number					
Who is responsible for providing support to school?					

**Medical Need**

**Medication** (Name of medication, method of administration, side effects, contradictions, administered by / self-administration with or without supervision)

**Responsive Factors** (Information above daily requirement)

**Responsive Actions**

**Emergency Actions** (What constitutes an emergency, and the action to be taken if this occurs)

Specific support for pupil's educational, social and emotional needs

Arrangements for School Visits/ trips etc

Other Information

Plan developed with			

Staff Training needed / Undertaken			

I agree that the content of this Individual health Care Plan is correct and I will inform school of any amendments as soon as possible.

Parent / Carer Signature \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_