****

**Wellesley Park Primary School**

**Individual healthcare plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s name |  | | | |
| Class |  | | | |
| Date of birth |  |  |  |  |
| Child’s address |  | | | |
| Medical diagnosis or condition |  | | | |
| Date |  |  |  |  |
| Review date |  |  |  |  |
| **Family Contact Information** |  | | | |
| **Name** |  | | | |
| Relationship to child |  | | | |
| Phone no. (work) |  | | | |
| (home) / (mobile) |  | | | |
| **Name** |  | | | |
| Relationship to child |  | | | |
| Phone no. (work) |  | | | |
| (home) / (mobile) |  | | | |
| **Clinic/Hospital Contact** |  | | | |
| Name |  | | | |
| Phone no. |  | | | |
| **G.P.** |  | | | |
| Name |  | | | |
| Phone no. |  | | | |

|  |  |
| --- | --- |
| Who is responsible for providing support in school |  |

Plan developed with

Class Teacher and Support Staff (Class File)/

Office Medical File/Pupil File/First Aid File/Out of School Club Staff/Lunchtime Supervisors/ Club Leaders

Form copied to (as required)

Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

|  |
| --- |
|  |

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

|  |
| --- |
|  |

Daily care requirements

|  |
| --- |
|  |

Specific support for the pupil’s educational, social and emotional needs

|  |
| --- |
|  |

Arrangements for school visits/trips etc.

|  |
| --- |
|  |

Other information

|  |
| --- |
|  |

Describe what constitutes an emergency, and the action to take if this occurs

|  |
| --- |
|  |

Who is responsible in an emergency *(state if different for off-site activities)*

|  |
| --- |
|  |

Staff training needed/undertaken – who, what, when

|  |
| --- |
|  |