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**Wellesley Park Primary School**

**Individual healthcare plan**

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| 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.

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

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Daily care requirements

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

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Arrangements for school visits/trips etc.

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Other information

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

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

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Staff training needed/undertaken – who, what, when

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