

# St Joseph's Catholic Primary School

## Individual Healthcare Plan



**Pupil name:**

**Year group:**

## Template A: individual healthcare plan

Name of school/setting  
Child's name  
Group/class/form  
Date of birth  
Child's address  
Medical diagnosis or condition  
Date  
Review date


### Family Contact Information

Name  
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

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## Template A: individual healthcare plan

### Form to be completed by parents

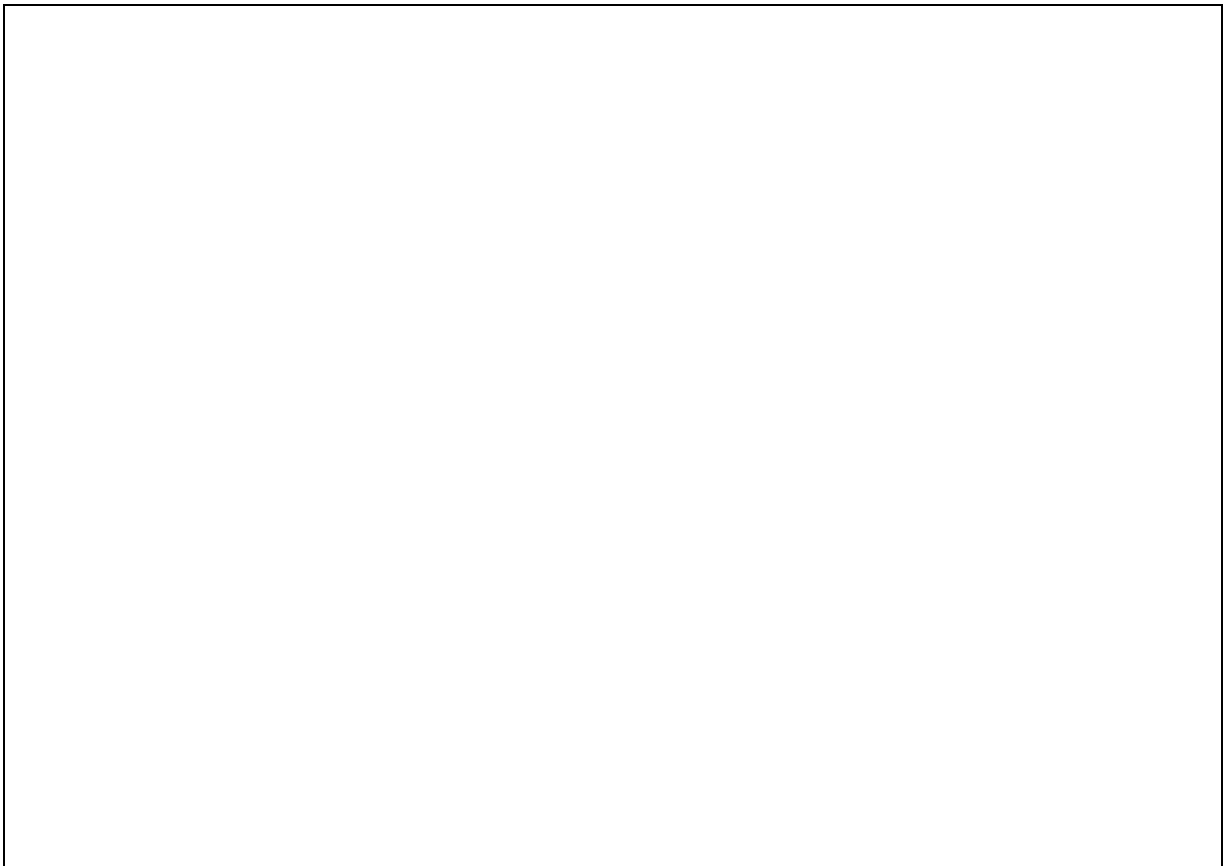
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

Implications for school visits/trips etc

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

A large, empty rectangular box with a thin black border, intended for the user to describe what constitutes an emergency and the actions to take if it occurs.

Other information

A rectangular box with a thin black border, intended for the user to provide other information.