



Individual Healthcare Plan

Name of school

MOULSHAM INFANT SCHOOL

Child's name

Class

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.

Describe medical needs and give details of:-

Child's symptoms / signs

Triggers

Treatment

Medication - name , dose and method of administration

When should medication be given?

Any side effects to medication

State any daily care requirements

State any specific support for the pupil's educational, social and emotional needs

Any specific arrangements for school visits/trips etc



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

Specific training / guidance needed

NB- You will be asked to complete an updated medical form at the start of every academic year. It is your responsibility, as parents to inform the school if there are any changes during the school year.

Signed :

Date: