



INDIVIDUAL HEALTHCARE PLAN

Initials - Class

Photo

CHILD'S DETAILS	
Name of school/setting:	MEATH GREEN JUNIOR SCHOOL
Child's Name and Date of Birth:	
Medical condition(s):	
EMERGENCY SITUATIONS	
What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	
NON EMERGENCY SITUATIONS	
What is considered a non emergency situation?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

MEDICATION	
This child has the following medical condition(s) requiring the following treatment:	
Medical condition	
Drug kept in school	
Dose	
When	
How is it administered?	
Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing Medication that is not being administered in school? What are the side effects?	

FAMILY CONTACT INFORMATION	
FIRST CONTACT:	
Relationship to child:	
Phone number (mobile):	
Email:	
Home Address:	
SECOND CONTACT:	
Relationship to child:	
Phone number (home):	

ESSENTIAL INFORMATION CONCERNING CHILD	Name	Contact Details
Specialist Nurse:		
Consultant paediatrician:		
GP:		
Class Teacher:		
SEN co-ordinator:		
Other relevant teaching staff:		
Head Teachers:	Patrick Amerio/Serena Beasley	

PHYSICAL ACTIVITY	
Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	

TRIPS AND ACTIVITIES AWAY FROM SCHOOL	
What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of school needs to be informed?	
Who will take overall responsibility for the child on the trip?	

EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS	
Is the child likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? If so what?	
Is there a situation where the child will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	

STAFF TRAINING	
What training is required?	
Who needs to be trained?	
Has the training been completed?	

ADDITIONAL INFORMATION

Date Completed:	
Review Date:	

	Name	Signature	Date
Child			
Parent/Carer			
Healthcare Professional			
School Representative			