



Grays Convent

HIGH SCHOOL

INDIVIDUAL HEALTH CARE PLAN

Name of school

GRAYS CONVENT HIGH SCHOOL

Child's name

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

(First Contact) Name

Phone no. (work)

(home)

(mobile)

(Second Contact) 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, 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*)

Plan developed with (e.g. GP, Hospital etc)

Staff training needed/undertaken – who, what, when

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