****

**Sir Martin Frobisher Academy – Individual Healthcare Plan**

|  |  |  |
| --- | --- | --- |
| Child’s Name: |  |  |
| Group/class/form: |  |
| Date of birth: |  |
| Child’s address: |  |
| Medical diagnosis/condition: |  |
| Date: |  |
| Review date (Year 1): |  |
| Review date (Year 2): |  |

|  |
| --- |
| Parent / Carer Contact details |
| Parent/Carer 1: |  |
| Phone No. (Work): |  |
| Phone No. (Home): |  |
| Mobile No : |  |
| Relationship to child: |  |
| Parent/Carer 2: |  |
| Phone No. (Work): |  |
| Phone No. (Home): |  |
| Mobile No : |  |
| Relationship to child: |  |

|  |
| --- |
| Clinic/Hospital Contact |
| Name: |  |
| Phone No: |  |

|  |
| --- |
| G.P. |
| Name: |  |
| Phone No: |  |

|  |  |
| --- | --- |
| Who is responsible for providing support in school |  |

**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**

|  |
| --- |
|  |

**Staff training needed/undertaken – who, what, when**

|  |
| --- |
|  |

**Health plan agreed by:**

|  |  |  |  |
| --- | --- | --- | --- |
|  Name  | Date | Relationship | Signature |
| Priscilla Wadsworth |  | SENCo |  |
|  |  |  |  |
|  |  |  |  |

**Form copied to**

|  |  |  |  |
| --- | --- | --- | --- |
|   | Class | Year | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

