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

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| --- | --- | --- |
| 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: |  |

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| 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.**

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**Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision**

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**Daily care requirements**

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**Specific support for the pupil’s educational, social and emotional needs**

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**Arrangements for school visits/trips etc.**

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**Other information**

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

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**Who is responsible in an emergency *(state if different for off-site activities)***

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**Plan developed with**

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|  |

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

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|  |

**Health plan agreed by:**

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

**Form copied to**

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