Individual Healthcare Plan

Child's Details	
Child's Full Name/Year Group	
Date of Birth	
Child's Address	
Medical Diagnosis or Condition(s)	
Date Form Completed (reviewed annually)	
Emergency Contact Information	
Parent/Carer's Full Name	
Emergency Contact Nos.	
G.P. Details	
GP Name & Contact No.	
Surgery Address	
Medication Details (if applicable)	
Name of Medication & Expiry Date	
Dosage Required	
Method of administration, when to be taken, side effects & contra-indications	
Administered by, self-administered with/without supervision	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
Describe what constitutes an emergency, and the action to be taken if this occurs	