

***Believe, Succeed, Together***

**Individual Healthcare Plan (IHCP) Template**

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| **General Details** | |
| Pupil’s name |  |
| Pupil’s Year and House |  |
| Date of birth |  |
| Medical diagnosis or condition |  |
| Clinic or hospital |  |
| Contact name |  |
| Phone number |  |
| Other agencies involved |  |
| CAF in place? |  |
| **Description of Medical Needs** | |
| Pupil’s symptoms |  |
| Triggers |  |
| Signs to look out for |  |
| Treatments |  |
| Equipment and facilities required |  |
| **Medication** | |
| Name of medication |  |
| Dose |  |
| Method of administration and by whom |  |
| When medication is to be taken |  |
| Side effects and contra-indications |  |
| Daily care requirements |  |
| **Support** | |
| Specific support required |  |
| Arrangements for school trips and visits |  |
| **Other Information (to be completed by the Academy)** | |
| What constitutes an emergency? |  |
| Who is responsible in an emergency? |  |
| What staff have received suitable training? |  |