



Raglan Primary School

Individual HealthCare Plan

Name of school

Raglan Primary School

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school (school to fill in this section)



Raglan Primary School

Individual HealthCare Plan

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

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

Staff training needed/undertaken – who, what, when (school to fill in this section)

Form copied to (school to fill in this section)