#

**St Mary’s Church of England Primary School**

**Individual Healthcare Plan**

## CHILD/ YOUNG PERSON’S INFORMATION

* 1. **CHILD/ YOUNG PERSON DETAILS**

|  |  |
| --- | --- |
| **Child’s name:** |  |
| **Date of birth:** |  |
| **Year group:** |  |
| **Nursery/School/College:** | St Mary’s Church of England Primary School |
| **Address:** |  |
| **Town:** |  |
| **Postcode:** |  |
| **Medical condition(s):** Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours. |  |
| **Allergies:** |  |
| **Date:** |  |
| **Document to be updated:** | September 2019 |

* 1. **FAMILY CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship:** |  |
| **Home phone number:** |  |
| **Mobile phone number:** |  |
| **Work phone number:** |  |
| **Email:** |  |
|  |
| **Name:** |  |
| **Relationship:** |  |
| **Home phone number:** |  |
| **Mobile phone number:** |  |
| **Work phone number:** |  |
| **Email:** |  |
|  |
| **Name:** |  |
| **Relationship:** |  |
| **Home phone number:** |  |
| **Mobile phone number:** |  |
| **Work phone number:** |  |
| **Email:** |  |

This child/ young person has the following medical condition(s) requiring the treatment shown below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical condition** | **Drug** | **Dose** | **When** | **How is it administered?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## **EMERGENCY SITUATIONS**

An emergency situation occurs whenever a child/ young person needs urgent treatment to deal with their condition.

|  |  |
| --- | --- |
| **What is considered an emergency situation?** |  |
| **What are the symptoms?** |  |
| **What are the triggers?** |  |
| **What action must be taken?** |  |
| **Are there any follow up actions (eg tests or rest) that are required?** |  |

*Any medication will be stored in the Red Bag in the classroom. The medication is checked termly by the site First Aider and expiry dates are recorded. Insulin, antibiotics and any other medication that needs to be refrigerated is stored in the fridge in the medical room.*

## **ROUTINE MONITORING (IF APPLICABLE)**

Some medical conditions will require monitoring to help manage the child’s condition.

|  |  |
| --- | --- |
| **What monitoring is required?** |  |
| **When does it need to be done?** |  |
| **Does it need any equipment?** |  |
| **How is it done?** |  |
| **Is there a target?****If so what is the target?** |  |

## **IMPACT ON CHILD’S LEARNING**

|  |  |
| --- | --- |
| **How does the child’s medical condition effect learning*?*** *i.e. memory, processing speed, coordination etc* |  |
| **Does the child require any further assessment of their learning?** |  |
| **Does treatment of the medical condition affect behaviour or concentration?** |  |
| **Are there any side effects of the medication?** |  |
| **Is there any ongoing treatment that is not being administered in school? What are the side effects?** |  |

Please refer to home-school communication diary Please refer to school planer

1. **PHYSICAL ACTIVITY**

|  |  |
| --- | --- |
| **Are there any physical restrictions caused by the medical condition(s)?** |  |
| **Is any extra care needed for physical activity?** |  |
| **Actions before exercise** |  |
| **Actions during exercise** |  |
| **Actions after exercise** |  |

1. **TRIPS AND ACTIVITIES AWAY FROM SCHOOL**

|  |  |
| --- | --- |
| **What care needs to take place?** | Monitoring. |
| **When does it need to take place?** | As required. |
| **If needed, is there somewhere for care to take place?** | If appropriate, depending on location. |
| **Who will look after medicine and equipment?** | Class teacher / staff member / First Aider |
| **Who will take overall responsibility for the child on the trip?** | Class teacher / First Aider / Staff member – as appropriate. |

1. **ESSENTIAL INFORMATION CONCERNING THIS CHILD’S HEALTH NEEDS**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Contact details** |
| **Specialist nurse** (if applicable)**:** |  |  |
| **Key worker** (if applicable)**:** |  |  |
| **Consultant paediatrician** (if applicable): |  |  |
| **GP:** |  |  |
| **Link person in education**(if applicable)**:** |  |  |
| **Class teacher:** |  |  |
| **Health visitor/ school nurse:** |  |  |
| **SEN co-ordinator:** |  |  |
| **Head teacher:** | Mrs Angela Abrahams |  |

## **STAFF TRAINING**

Governing bodies are responsible for making sure staff have received appropriate training to look after a

child. School staff should be released to attend any necessary training sessions it is agreed they need.

|  |  |
| --- | --- |
| **What training is required?** | General First Aid training. |
| **Who needs to be trained?** | A range of staff members. |
| **Has the training been completed?** | First Aid training takes place annually.  |

**Please use this section for any additional information for this child or young person.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Signatures** | **Date** |
| **Parents/ carer** |  |  |  |
| **School representative** |  |  |  |
| **School nurse** |  |  |  |