



Kent Health Needs Education Service: Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Relationship to child

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.

Other agencies involved e.g. CAMHS, Social services etc.

Name	
Phone no.	

Name	
Phone no.	

Name	
Phone no.	

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

--

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

Complete separate medication documentation and permissions
--

Daily care requirements

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

Consider use of pupil support plan documentation

Arrangements for school visits/trips etc

Other information/Special requirements e.g. dietary needs, snacks/supplements, PE restrictions

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to