



## Individual Healthcare Plan

<b>Personal Details</b>	
Child's full name	
Form group	
Date of birth	
Medical diagnosis	
Give as much detail as you can about their medical needs Eg/ Symptoms, triggers, equipment, environmental issues	
Emergency contact 1	
Relationship to child	
Phone no(s)	
Emergency contact 2	
Relationship to child	
Phone no(s)	
<b>Clinic/Hospital Contact</b>	
Name	
Phone No	
<b>GP</b>	
Name	
Phone No	
<b>Emergency care</b>	
Treatment	
Medicine to be used (must be provided from home)	
Any further action to be taken in an emergency	
<b>Routine care</b>	

Daily care requirements	
Support for educational, social or emotional needs	
Any extra information needed for school trips?	
<b>Extra information</b>	
Are they immuno-compromised?	Yes/No
Are they receiving treatment for cancer?	Yes/No
Are they pregnant?	Yes/No
<b>Parental signature</b>	
<b>Date</b>	

