

INDIVIDUAL HEALTHCARE PLAN

The support and provision of students with medical needs is a primary concern for staff at St. Antony's Catholic College. We strive to ensure your child is happy, healthy and safe. IHPs are created for students with long-term and substantial medical conditions, and are reviewed every 12 months.

Student Details:	
Name of student:	
Form:	
Date of birth:	
Address where student lives:	
Medical condition or diagnosis:	
Other additional needs (including Special Educational Needs and Disabilities):	
Contact Information:	
1) Name of Parent / Carer: Address: Home telephone number: Mobile telephone number: Work telephone number: E-mail address:	2) Name of Parent / Carer: Address: Home telephone number: Mobile telephone number: Work telephone number: E-mail address:
Name of Other Emergency Contact: Relationship to student: Home telephone number: Mobile telephone number: Work telephone number:	
Clinic / Hospital Contacts: Address: Telephone number:	Name of GP and Practice: Address: Telephone number:
Other Involved Agencies:	Other Involved Agencies:

Name:	Name:
Address:	Address:
Telephone number:	Telephone number:
Healthcare Information:	
<p>Describe the student's medical needs and give details of the symptoms: Please use a separate sheet if necessary (For Asthma, Epilepsy, Allergies or Eczema please complete the enclosed form also)</p>	
<p>Describe the nature of the student's follow up care:</p>	
<p>Describe the student's daily care requirements (e.g. before school / before lunch / before sport / during lessons):</p>	
<p>Describe what constitutes as an emergency for the student:</p> <p>In what situation would an ambulance need to be called?</p> <p><input type="checkbox"/> Please see diabetic care plan</p> <p><input type="checkbox"/> Please see Asthma Information for details</p> <p><input type="checkbox"/> Please see Allergy Information form for details.</p> <p><input type="checkbox"/> Please see Epilepsy Information form for details.</p>	
<p>List any medication that the school are to hold and explain how these medications should be managed. (That aren't included on an additional form or care plan)</p>	
<p>NB: Further written consent is needed from parents/carers for school staff to hold, dispense or administer any medications. Please request this form separately from the school office.</p>	
<p>PARENT/CARER SIGNATURE:</p>	

Signature:
Date:
School Administration Section – To Be Completed By The School Office:
Describe any cover arrangements that need to be organised in the event of designated staff absence
Person responsible in the event of an on-site emergency: First Aiders / Those with responsibility for safeguarding.
Person responsible in the event of an off-site emergency: Trip organiser / Senior Leadership Team.
Protocol in the event of an emergency: 1. Call an ambulance 2. Notify SLT 3. Contact parents 4. Print out IHP/SIMS information
Medications (including EpiPen and inhalers) currently held:
Are the medications in-date? YES /NO
List the nature of any additional documentation received and the date of receipt: <input type="checkbox"/> Diabetic care plan completed <input type="checkbox"/> Asthma form completed <input type="checkbox"/> Allergy form completed <input type="checkbox"/> Anaphylaxis/Allergy care plan completed <input type="checkbox"/> Eczema form completed <input type="checkbox"/> Epilepsy form completed <input type="checkbox"/> Medication authorisation form completed

SCHOOL SIGNATURE:

Signature:

Position:

Date: