



Individual Healthcare Plan (IHP)

Child's information:

Name	
Year / Class / Form	
Date of Birth	
Address	
Medical Need or Conditional Diagnosis	
Date of IHP	
Review Date	

Parents / Carers Information

Name	Designation	Contact numbers

Medical Professionals Contact Information

Name	Designation & Hospital /Clinic	Contact numbers / email
	GP	

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 SEMH

Arrangement for Trips

Any other Information or Reasonable Adjustments required

Emergency Details

What happens	Actions needed	By whom	Responsibility

Actions

Action	Training Need	Who	By When

Signed (parent / carer)

Signed (school).....

To be shared with: