

# Individual Healthcare Plan

Name of school/setting

*St Peters School*

Child's name

Class

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.

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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## **Consent to Administer “School Spare” Emergency Adrenaline Auto-injector (AAI) device and Asthma Inhaler (Blue Reliever).**

The school hold’s “spare” AAI devices and an Asthma inhaler for emergency use on children who are at risk of anaphylaxis/asthma but who’s own device is not available or not working.

**These AAI(s)/Inhalers are held by the school but are not a replacement for a pupils own AAI/Inhaler.**

Written parental consent is sought for the use of the spare AAI/Inhaler as part of the pupils Individual Healthcare Plan (IHP).

Appropriate support and training has been provided to staff in the use of AAI(s) and Asthma Inhalers in line with the school’s policy on supporting pupils with medical conditions.

*I consent for my child to use the “School Spare” devices.*

Signed: