



- INDIVIDUAL HEALTHCARE PLAN

Name of School/Setting	Kings' School
Name of Child	
Group/Class/Form of Child	
Date of Birth of Child	
Address of Child	

Medical Diagnosis/Condition	
Date	
Review Date	

Name of Family Contact	
Relationship of Family Contact	
Contact's Home Telephone No.	
Contact's Work Telephone No.	
Contact's Mobile Phone No.	

Clinic/Hospital Contact Name	
Telephone No.	

Name of GP	
GP's Telephone No.	

Describe child's medical needs and provide details of child's symptoms

Describe what constitutes an emergency for the child and action to be taken if this occurs

Follow-up care

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

- MATRON – MRS PETERS AND MRS MARTIN
- CLASS TEACHER
- TEACHER ON DUTY IF ITS LUNCHTIME

OFF SITE

- TRIP LEADER/FIRST AIDER

Form copied to:

Head of Year/PD
Parents
Medical Room
Child's Personal File / SIMS

I give consent for my child to receive emergency medication from trained staff if required

Antihistamine Yes/No

Schools Emergency Salbutamol inhaler Yes /No

Schools Emergency Adrenaline injector pen Yes/No

Paracetamol /Ibuprofen Yes/No

Signed _____ (Parent)

Date _____

Signed _____ (Matron)

Date _____