



# St. Joseph's

Catholic Primary School

## Template A: individual healthcare plan

Name of school/setting	St. Joseph's Catholic Primary School	Insert Pupil's Photo
Child's name		
Group/class/form		
Date of birth		
Child's address		
Medical diagnosis or condition		
Date		
Review date		

### Family Contact Information

Name	
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	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc



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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

Form copied to



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Signed by: .....

Job Title: .....

Date: .....

Signed by: .....

Name of Parent: .....

Date: .....