



## Individual Healthcare Plan (IHP)

Please complete an Individual Healthcare Plan if your child has a severe or complex medical condition, **or** if they have a health issue that will require medication to be held in school/be self-administered during school hours. Please note that more than one medical issue can be recorded on this Individual Healthcare Plan.

If you wish to discuss the contents of this Individual Healthcare Plan, please contact the school SENCo Mrs Lee on [leet@mgsg.kent.sch.uk](mailto:leet@mgsg.kent.sch.uk)

### Pupil Information

Name	Surname: First Name:
Date of Birth	
Form (if known)	
Address	
Medical diagnosis or condition/s	
Date form completed	

### Family Contact Information

Family contact 1		Family contact 2	
Name		Name	
Telephone numbers		Telephone numbers	
Mobile		Mobile	
Home		Home	
Work		Work	



### Medical Information

GP		Other medical professionals	
Name		Name and role	
Telephone number		Telephone number	
Other medical professionals		Other medical professionals	
Name and role		Name and role	
Telephone number		Telephone number	

**Describe the individual medical needs and give details of symptoms.**

Additional medical notes attached? (For example, Diabetes Medical Management School Plan)  
**Yes/No**

### Medication

Name of medication		
Dose/time taken		
Side effects		
Method of administration		
Is medication usually self-administered?	<b>Yes/No</b>	<b>Yes/No</b>
Is supervision usually required?	<b>Yes/No</b>	<b>Yes/No</b>
Where is the medication? (i.e. with pupil/main office)		



### Emergency Situation

<b>Describe what constitutes an emergency situation for the pupil and what action has to be taken.</b>

<b>Any further information the school needs to know?</b>

### Parental Agreement

I agree that the medical information contained in this plan may be shared with individuals involved with the care of my child. I understand that I must notify the school of any changes in writing.

**If completing the form electronically, please print your name in the signature box.**

Signature	
Print Name	
Date	

### School Agreement

Signature	
Print name	Mrs T Lee (SENCo)
Date	

Signature	
Print name	Mrs E Wilson (Headteacher)
Date	