

Individual Health Care Plan (IHCP)



Name of school	Shenfield St Mary's C of E Primary School
Name	
Group/class/form	
Date of birth	
Address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to named person	
Phone no.	

Name	
Relationship to named person	
Phone no.	

Hospital Contact

Name of Consultant (if applicable)	
Hospital/Clinic	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

1. All staff members including trained paediatric first aiders
2. Liz Bundy

Medical needs

Describe medical needs and give details of 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 (if applicable)

Daily care requirements/What to be aware of on a day to day basis in school

Specific support for educational, social and emotional needs

