



# Individual Health Care Plan

Name:		
Medical Condition:		
Address:		
Date of Birth:		
Name of School		
Year Group:		
Date Plan was drawn up:		
Review Date:		
<b>Medical Condition and Individual Symptoms</b>		
Describe Medical Condition		
Daily Care Requirements		
Describe what constitutes an emergency		
Follow up care		
Who is responsible in an emergency?	Mrs Field – In school Class Teacher if on a trip	
<b>Family Contact Information</b>		
<b>First Contact</b>		
Name		
Phone Number:		
Relationship:		
<b>Second Contact</b>		
Name		
Phone Number:		
Relationship:		
<b>Third Contact</b>		
Name		
Phone Number:		
Relationship:		
<b>Medical Contact Information</b>		
<b>G.P.</b>		
Name		
Address:		
Phone Number		
<b>Clinic/Hospital Information</b>		
Name		
Address:		
Phone Number		
<b>School Transport</b>		
Does the learner use home transport	Yes/No	
If so, do parents/carers consent to this being share with the transport team?	Yes/No  Please note, schools are responsible for sharing this information with transport.	



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<b>Signatures</b>	
<b>Health Care professional</b>	
Signature:	
Print name:	
Position:	
Date:	
<b>Parent/Carer</b>	
Signature:	
Print name:	
Relationship to learner:	
Date:	
<b>Headteacher</b>	
Signature:	
Print name:	
Date:	
<b>ALNCo</b>	
Signature:	
Print name:	
Date:	



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## Contacting the Emergency Services

(please fill in with relevant school details)

### Request for an Ambulance

#### Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number: **01792 290223**
2. Give your location as follows:  
**Hendrefoilan Primary School, Dunvant Road, Killay, Swansea,**
3. State that the post code is **SA27LF**
4. Give exact location in the school/setting  
**Give where about in the school, Reception demountable, School hall etc.**
5. Give your name
6. Give name of child and a brief description of the child's symptoms
7. Inform Ambulance Control of the best entrance and state that the **crew will be met on the school drive and taken to the child.**