



Durham Trinity School & Sports College

Individual Healthcare Plan

[Insert
child's
photo
here]

Information to be completed by:		
School	Child's name	
School	Group/Class/Form	
School	Date of birth	
Family	Child's address	
Family	Medical diagnosis or condition	
Family	Date	
School	Review date	

Family Contact Information

Family	Name	
Family	Relationship to child	
Family	Phone no. (work)	
Family	Phone no. (home)	
Family	Phone no. (mobile)	
Family	Name	
Family	Relationship to child	
Family	Phone no. (work)	
Family	Phone no. (home)	
Family	Phone no. (mobile)	

Clinic/Hospital Contact

Family	Name	
Family	Phone no.	

G.P.

Family	Name	
Family	Phone no.	

Who is responsible for providing support in school

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.

Family	
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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

Family	
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Daily care requirements

Family	
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Specific support for the pupil's educational, social and emotional needs	
Family & School	

Arrangements for school visits/trips etc	
School	

Other information	
Family & School	

Describe what constitutes an emergency, and the action to take if this occurs	
Family	

Who is responsible in an emergency (<i>state if different for off-site activities</i>)	
School	

Plan developed with	
School	

Staff training needed/undertaken – who, what, when	
School	

Form copied to	
School	

Signature(s) _____

Date _____