

**STRICTLY CONFIDENTIAL**  
**Individual Health Care Plan (IHCP)**

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Programme: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Date of Care Plan: \_\_\_\_\_ Review Date (if applicable): \_\_\_\_\_

**Family Contact Information**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Further contact instructions: \_\_\_\_\_

**Medical Contact Information**

Name of GP: \_\_\_\_\_

GP telephone number: \_\_\_\_\_

Name of Clinic/Hospital (if applicable): \_\_\_\_\_

Clinic/Hospital telephone number: \_\_\_\_\_

**Staff Responsibilities**

Key Staff: \_\_\_\_\_

Staff Training: \_\_\_\_\_

Care Plan developed by: \_\_\_\_\_

**Medication Details**

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

When to be administered: \_\_\_\_\_

Side effects/Contra-indications: \_\_\_\_\_

Administration details: \_\_\_\_\_

Description of medical needs including student's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.:

Daily care requirements:

Specific support for the student's educational, social and emotional needs:

Arrangements for school visits/trips:

Emergency details (what constitutes an emergency and action to be taken):

Who is responsible in an emergency:

Additional Information: