**Individual Healthcare Plan**

PHOTO

Parkside Middle School

Name of school

Child’s name

Class

Date of Birth

Child’s Address

Medical Diagnosis/Condition

Date

**1st Contact Information**

Name

Relationship to child

Phone Work/Home/Mobile

**2nd Contact Information**

Name

Relationship to child

Phone Work/Home/Mobile

**Clinic/Hospital Contact**

Name

Phone

**G.P.**

Name

Phone

Who is responsible for providing support in school

Rebecca Jenkin – Senior Deputy Headteacher, Behaviour, Inclusion & Welfare
Qualified First Aiders

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Type of medication

Dosage

Name of medication

Storage

Side effects:

Daily care requirements

Food/other materials known to cause severe allergic reactions

Food/snacks to be provided daily by parents Food to be provided by school

Mid-morning snack

School meal

Other

Mid-morning snack

Packed lunch

Other

Arrangements in school to prevent eating unapproved items

Food Activities in school form
Information updated on SIMS
Kitchen/Caterers database updated
Advice on sharing food with other pupils

Specific support for the pupil’s educational, social and emotional needs

Arrangements for school visits/trips etc.

First Aider(s) present on all school visits/trips.
Medication carried in First Aid bag.
Access to emergency service via mobile phone.

Other information

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

Who is responsible in an emergency *(state if different for off-site activities)*

Rebecca Jenkin – Senior Deputy Headteacher, Behaviour, Inclusion & Welfare
Qualified First Aiders

Plan developed with

Parent:

Healthcare Professional:

School:

Staff training needed/undertaken

Training records kept in school.

**Emergency Action Plan**

**First Aid Trained Staff**

1. Summon assistance from trained staff (if not already present)
2. Assess condition and give appropriate medication, according to:
* Agreed procedures for medication depending on severity of reaction.
* Precautions to be observed in use of medication
1. Contact parents
2. Accompany pupil to hospital unless parents have already arrived or ambulance crew specifically refuse staff accompaniment
3. Do not wait for parents if they have not arrived

**Emergency Services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked**

1. Your telephone number – 01527 873660
2. Your name
3. Your location as follows - Parkside Middle School
4. State what the postcode is – B61 0AH
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the

 crew will be met and taken to the patient

1. Put a completed copy of this form by the phone
2. Inform emergency services of medication given (Type and dose)

**Agreement to Individual Healthcare Plan**

Worcestershire County Council will indemnify first aiders having been trained by a qualified medical practitioner, or paramedic, or a trained nurse working at the direction of a doctor, against any claims of negligence arising from the administration of any or all of the medications named above, including claims arising from inadvertent incorrect procedure.

Individual Healthcare Plans will be kept in public areas around school to ensure that staff members can familiarise themselves with individual cases in case of emergency.

**This Individual Healthcare Plan has been drawn up for**

**………………………… (Name of pupil)**

**by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of parent/carer)**

**at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of school)**

**Parent/carers signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Headteacher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Review date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**