# Individual Healthcare Plan

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| Name of school/setting | Garden City Academy | | | |
| Child’s name |  | | | |
| Group/class/form |  | | | |
| Date of birth |  |  |  |  |
| Child’s address |  | | | |
| Medical diagnosis or condition |  | | | |
| Date |  |  |  |  |
| Review date |  |  |  |  |
| **Family Contact Information** |  | | | |
| Name |  | | | |
| Phone no. (work) |  | | | |
| (home) |  | | | |
| (mobile) |  | | | |
| Name |  | | | |
| Relationship to child |  | | | |
| Phone no. (work) |  | | | |
| (home) |  | | | |
| (mobile) |  | | | |
| **Clinic/Hospital Contact** |  | | | |
| Name |  | | | |
| Phone no. |  | | | |
| **G.P.** |  | | | |
| Name |  | | | |
| Phone no. |  | | | |

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| **Who is responsible for providing support in school** |  |

**Describe medical needs and give details of child’s sysmptoms, triggers, signs, treatments,facilities, equipment or devices, environmental issues**

***Daily Care Requirements:***

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| It is thought probable that "X" may suffer from an Anaphylactic  allergic reaction if he/she eats or is in contact with \_\_\_\_\_\_\_\_\_\_\_  If this occurs he/she is likely to need medical attention. In an extreme situation his/her condition might be life threatening. However, medical advice is that attention to his/her diet and in particular the exclusion of the allergen together with the availability of his/her emergency medication is all that is necessary. In all other respects it is recommended by his/her consultant that his/her education should carry on "as normal".  The arrangements set out below are intended to assist "X", his/her parents  and the school/nursery in achieving the least possible disruption to his/her education, but also to make appropriate provisions for his/her medical requirements. |

***Specific support for the pupil’s Educational, Social and Emotional needs:***

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| Whenever the planned curriculum involves cookery or experimentation with food items, prior discussion will be held between the school and the parents in order to agree measures and suitable alternatives. Similar discussions will take place prior to school parties, social events etc. In some cases this might require parental supervision. |

***Arrangements for School Visits / Trips etc.***

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| If there are any proposals which mean that "X" may leave the  school /nursery site, prior discussions will be held between the school/nursery and parents in order to provide for the AUTO INJECTORS(s) to be taken on the outing. A trained adult should accompany the child. Provision for the safe handling of his/her medication should also be clarified. |

***Other Information:***

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| **STAFF INDEMNITY:**  This **school** fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, staff having been provided with adequate training and are following these guidelines.  For the purpose of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. In practice the indemnity means that the school and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action is usually between the parent and the employer. |

Plan should be developed with Parents/carers, Headteacher or Senior Member of staff, Health Professional and student especially from year 5 and above.

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| The Head Teacher will arrange for the teaching and non-teaching staff in  the school/nursery to be briefed about ‘X’s condition and about other arrangements contained in this document.  It will be the responsibility of the head teacher / deputy to:   * Arrange for relevant school staff to be briefed on ‘X’ condition. * To organise training sessions for key school staff, facilitated by a member of the School Nursing/Health Visiting team.   Further advice and support will be available from the School Nursing/Health Visiting team as required  The protocol will be reviewed at the beginning of each academic school year when staff training will be updated unless otherwise indicated or advised. |

Form copied to

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| **AGREED AND SIGNED:**  **Parent Date**  **Print Name**  **Head Teacher / Deputy Date**  **Print Name** |