

We only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.



## Individual Healthcare Plan (IHP)

### Clacton County High School

Child's name

Child's form group

Date of birth

Child's address

Medical diagnosis or condition

Date

*(date when form completed)*

Review date *(school use only)*

*(school use only)*

### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Relationship to child

Name

Phone no. (work)

(home)

(mobile)

Relationship to child

### Clinic/Hospital Contact

Name

Phone no.

### Doctor / Medical Practice

Name

Phone no.

Please return to First aid / copied to Inclusion Hub

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

Daily care requirements

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

Arrangements for school visits/trips etc

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

For the school to complete:

Who will provide support/any training requirements:

Please return to First aid / copied to Inclusion Hub