**Ibstock School Individual Healthcare Plan (IHCP)**

**for students with medical need**

If your child has a medical condition, please complete this form

**\*\*\*\*\* It is parent/ carer responsibility to ensure this IHCP remains up to date. \*\*\*\*\***

Student’s name:………………………………………… Date of Birth………………… Tutor Group:…………………………………………

Medical diagnosis or condition:………………………………………………………………………………………………………………………….

Clinic / hospital contact

Name: Telephone number:

G.P. contact

Name: Telephone number:

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

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| Does Covid 19 present a greater risk to the child due to their medical condition? If so what precautions need to be considered? |

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| Daily care requirements, including medication.  **Please note- it is parent / carer responsibility to ensure there is a sufficuient supply of medication kept in school and this medication is indate.** |

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| Specific support for the student’s educational, social and emotional needs. |

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| Arrangements required for school visits / trips etc. |

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

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| Other information:  **If your child requires an inhaler which they carry themselves, and you would like a second inhaler kept in reception please ensure you provide this.** |

To be completed by Ibstock School

Who is responsible for providing support in school?.............................................................................................

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| What are the risks and how will these be minimised? |

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| What is the process for an emergency situation? Does this also apply for off-site activities? |

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| Staff training required: |

Signed: Name:

*(by parent / guardian with parental responsibility)*

Date:

* I will ensure this IHCP remains update with any changes as required.
* I will ensure my child have sufficient and indate medication in school as required.

Signed: Name:

*(by member of IS staff)*