

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:

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

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

Daily care requirements, including medication.

Please note- it is parent / carer responsibility to ensure there is a sufficient supply of medication kept in school and this medication is in date.

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

Arrangements required for school visits / trips etc.

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

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?.....

What are the risks and how will these be minimised?

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

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 Ibstock School staff)

Save all **completed** documents to: *P drive \ Administration \ Health and Safety \ Students with medical needs*