

# Simon Balle All-through School Individual Healthcare Plan



## Child/Young Person Details

Child's name:	
Date of birth:	
Year group:	
Address:	
Medical Condition(s):	
Date:	
Date of review:	

## Family Contact Information

Name:	
Relationship:	
Home Phone Number:	
Mobile Phone Number:	
Work Phone Number:	
Email:	

Name:	
Relationship:	
Home Phone Number:	
Mobile Phone Number:	
Work Phone Number:	
Email:	

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Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours, facilities, equipment or devices

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## Routine Monitoring (if applicable)

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so, what is the target?	

## Medication Required Off-Site:

1.	
Medication administered off-site:	
Dosage and method of administration:	
Timing:	
Side effects:	

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2.	
Medication administered off-site:	
Dosage and method of administration:	
Timing:	
Side effects:	

## Medication Required Onsite:

Simon Balle All-through School will not give your child medicine unless you complete and sign the following section. **NB: Medicines must be in their original container as dispensed by the pharmacy.** Simon Balle will email parental contacts 4 weeks prior to the expiration of the medicine held in the main school office and it is your responsibility to replace it. If the medication is not replaced, parental contacts will be sent an expiry alert.

1.	
Name/ Type of Medication (as described on container):	
How long will your child take this medication?	
Dosage and method of administration:	
Timing if applicable:	
Side effects:	
Self-Administration? Does this need to be supervised?	
Where will this be stored and how?	

2.	
Name/ Type of Medication (as described on container):	
How long will your child take this medication?	
Dosage and method of administration:	

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Timing if applicable:	
Side effects:	
Self-Administration, Y/N? Does this need to be supervised?	
Where will this be stored and how?	

Describe what constitutes an emergency, and the action to take if this occurs? Give details of signs, triggers and follow up actions e.g. rests or tests.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Simon Balle All-through School staff administering medicine in accordance with the school policy. I will inform the school, in writing, if there is any changes  
I understand that I must deliver the medication personally to the main reception and accept that this is a service which the school is not obliged to undertake.

Signature(s):.....Date:.....

Relationship to pupil:.....

### **Asthma Sufferers Only**

I consent to my child using the school's emergency Salbutamol inhaler, if and when the need arises (for example, when their own is broken, forgotten or empty).

Signature(s):.....Date:.....

Relationship to pupil:.....

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## Impact on Child's Learning

How does the child's medical condition affect learning? I.e memory, processing speed, coordination etc.	
Does the child require any further assessment of their learning?	
Does treatment of the medical condition affect behaviour or concentration? If so how?	

## Educational, Social & Emotional Needs

Is the child/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? If so, what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require emotional support?	
Does the child have a 'buddy' e.g. help carrying bags to and from lessons?	

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**School Environments (such as lessons)** *If the lesson is PE please skip this section and fill below*

Can the school environment affect the child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	Main School Office

## Physical Activity

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

## Care at Meal Times

What care is needed?	
When should this care be provided?	
How's it given?	
Any other special care required?	

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## Staff Training

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions if it is agreed they need.

What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date.	

Please use this section for any additional information for this child or young person.

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## Essential Information Concerning This Child/ Young Person's Health Needs

	Name	Contact Details
Specialist nurse (if applicable):		
Consultant paediatrician (if applicable):		
GP:		
Head of Year:		
Clinic/Hospital Contact:		
SEN Co-ordinator:		
Other relevant school staff:		
Person with overall responsibility of implementing plan:		
Any other provider of alternative provision:		

Plan developed with:

	Name	Signatures	Date
Young Person			
Parents/ carer			
Healthcare professional			
School representative			