



Individual Healthcare Plan

Please complete the Asthma Record (Care Plan) for students who are Asthmatic

Name of school/setting

Wymondham High Academy

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Relationship to child

Phone no. (home)

(work)

(mobile)

Name

Relationship to child

Phone no. (home)

(work)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

All Staff/First Aiders

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

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

All First Aid trained staff

Plan developed with

Parent/Carer

Staff training needed/undertaken – who, what, when

Relevant staff have received training via the Norfolk school nursing team & first aid courses

Form copied to (Office use)

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Healthcare Plan Agreed by:

Parent/Guardian Signature.....

Parent/Guardian Name.....

Headteacher/SENCO*/Other** Signature.....

Name & Designation.....

Healthcare Professional signature (if necessary)

Name & Designation.....

(SENCO* - Special Educational Needs Co-ordinator; Other** - Please specify)