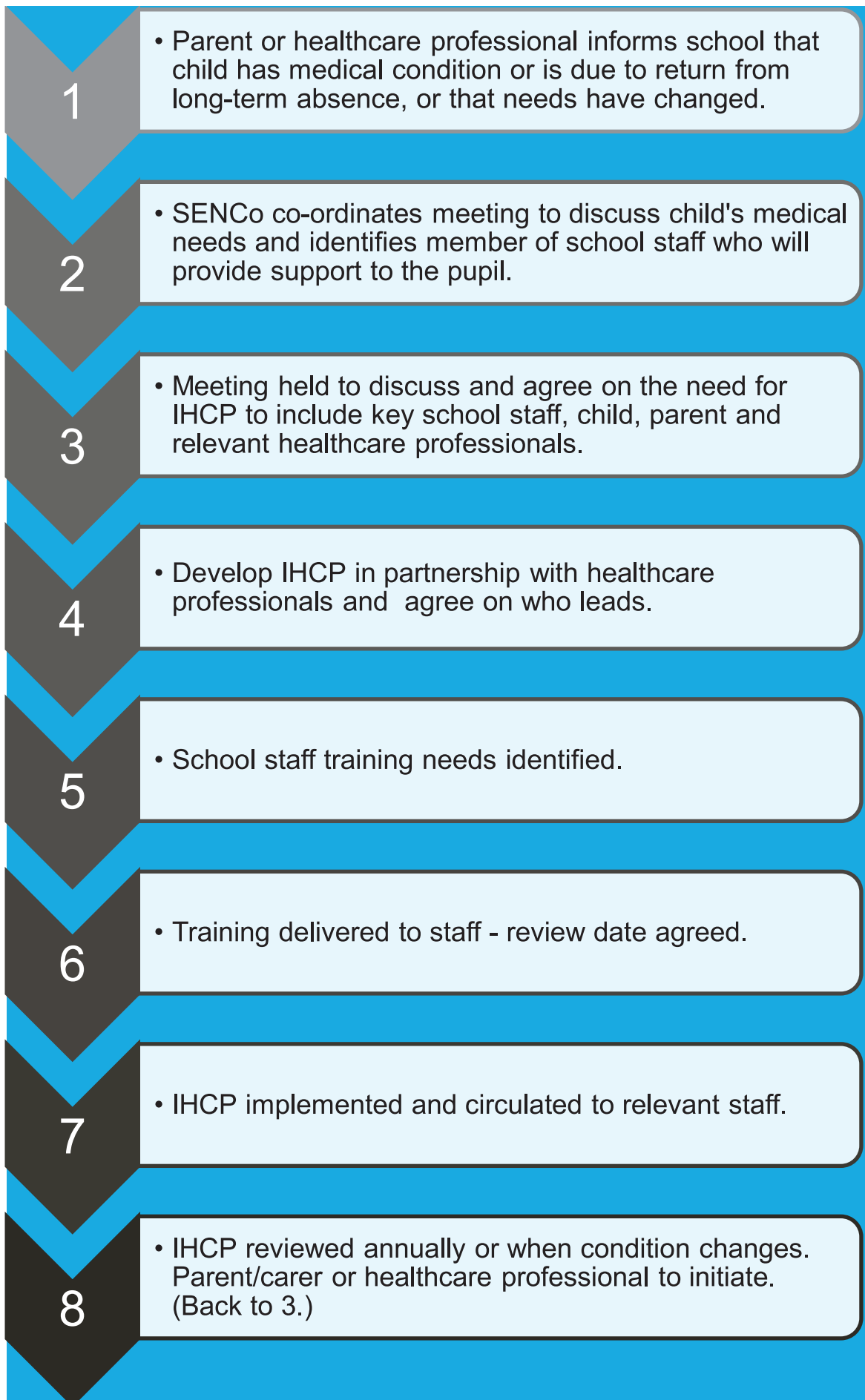


Appendix 1 - Individual healthcare plan implementation procedure



Appendix 2 - Individual healthcare plan template

Hackbridge Primary Individual Health Care Plan

Child's name

Class

Date of birth

NHS Number

Child's address

Medical diagnosis or condition

Date of IHCP

Review date

Family Contact Information

1. Name

Relationship to child

Phone no. (work)

(home)

(mobile)

2. Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Surgery

Phone no.

Who is responsible for providing support in school

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*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

MEDICAL ALERT

Please note that the following child has a medical condition which requires specific treatment.



Name: Class:

MEDICAL CONDITION:

xx

Symptoms:

5. xxxxx.
6. xxxxx
7. xxxxx
8. xxxxx

Specific Symptoms for xxx(child's name):

xx

Treatment:

xxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxx

MEDICAL ALERT

Please note that the following child has a medical condition which requires specific treatment.



Name: Class:

MEDICAL CONDITION:

xx

Symptoms:

1. xxxxx.
2. xxxxx
3. xxxxx
4. xxxxx

Specific Symptoms for xxx(child's name):

xx

Treatment:

xxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxx

Appendix 4 - Parental agreement for a school to administer medicine template

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Hackbridge Primary School medicine administering form

Date for review to be initiated by

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – Yes/No

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

Add name of agreed member of staff

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix 5 - Record of medicine administered to an individual child template

Hackbridge Primary School record of medicine administered to an individual child

Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
------	--	--	--

Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Appendix 7 - Staff training record – administration of medicines

Name of school/setting:

Name:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that add name of member of staff has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by add name of member of staff.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 8 - Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- Your telephone number – **020 8647 7974**
- Your name.
- Your location as follows: **Hackbridge Primary School, Hackbridge Road Wallington, SM6 7AX.**
- The postcode – please note that postcodes for satellite navigation systems may differ from the postal code.
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone.

Appendix 9 - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include add details of team. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Name of Deputy Headteacher/SENCo