



KING EDWARD VI HANDSWORTH GRAMMAR SCHOOL FOR BOYS

Educational excellence for our City

Individual Healthcare Plan

Name of school/setting

King Edward VI Handsworth Grammar for Boys

Child's name

Form and year group

Date of birth

Child's address

Medical diagnosis or
condition

Date

Review date

Family Contact information

Name

Phone no. (preferred)

Phone no. 1

Phone no. 2

Name

Relationship to child

Phone no. (preferred)

Phone no. 1

Please turn over

Clinic/Hospital Contact

Name

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Phone no.

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GP Contact details

Name

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Phone no.

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Who is responsible for providing support in school?	Ms P Anderson (School's First aider)
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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/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

Plan developed with

Staff training needed/undertaken – who, what, when

Name(s): _____ Signature _____

Relationship to Pupil: _____ Date: _____