

# Woodham Academy

## Individual Health Care Plan (IHCP)

Student's name	
Date of Birth	
Students address	
Medical Diagnosis / Condition / Allergies	
Date of Plan	
Review date 1	
Review date 2	
Review date 3	
Review date 4	

### Family Contact Information

Parent / Carer name	
Relationship to Student	
Contact number(s)	
Parent / Carer name	
Relationship to Student	
Contact number(s)	

### Hospital / Specialist Contact

Name	
Contact number(s)	

### GP Contact

Name	
Surgery	
Contact number(s)	

### Other Agencies Involved (ie One Point, Young Carers etc)

Name	
Agency	
Contact number(s)	
Name	
Agency	
Contact number(s)	

Would you like a meeting to review this plan?

Yes

No

Would you like a telephone call to review this plan?

Yes

No

### Medical Needs

Please describe medical needs and give details of your child's symptoms, triggers, signs, treatments, equipment / devices, etc

Medical Condition	Drug	Dose	When & how often	How is it administered?

Is your child competent to bring unused medications home at the end of the school year? (please note: any controlled drugs will need to be collected by an adult) Yes  No

Does treatment of the medical condition affect behaviour or concentration?

Are there any side effects of the medications?

Is there any ongoing treatment that is **not** being administered in school? What are the side effects (if any)?

### Routine Monitoring (if applicable) i.e. diabetes

What monitoring is required?

When does it need to be done?

Does it require any equipment?

How is it done?

Is there a target? If so, what is the target?

### Considerations at Meal Times / Dietary (if applicable)

What considerations are needed? i.e. choking

Are there any dietary requirements?


### Physical Activity (if applicable)

Are there any physical restrictions caused by the medical conditions?

Is any extra care needed for physical activity?

Actions before exercise?

Actions during exercise?

Actions after exercise?


### Emergency Situations

An emergency situation occurs whenever a young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?

What are the symptoms?

What are the triggers?

What action must be taken?

Are there any follow up action that are required?


### Impact on Students Learning

How does the child's medical condition effect learning?  
i.e. memory, processing speed, coordination etc

Does the child require any further assessment of their learning?


Can the school environment affect the young person's medical condition? If so, how?

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What changes can the school make to deal with these issues?

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### Specific Support for students educational, social and emotional needs

Is the young person likely to need time off because of their condition?

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Does the young person require additional support to move between lessons, keep up with work etc due to their medical condition?

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Does the young person require any additional support in lessons? If so, what?

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Is there a situation where the young person will need to leave the classroom?

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Does this young person require rest periods?

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Does this you person require any emotional support?

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Does this young person require a 'buddy' to help with bag carrying, holding door open?

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### Other Daily Care Requirements

i.e. diet, timetable, activities, other requirements, special educational needs

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**Arrangements for School Trips / Visits / Residential etc \***

i.e. other equipment needed, out of normal school hours' routines, additional medication and storage, dietary, yellow bag waste, sharps waste etc.

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\*further discussion will be needed prior to the trip

**Please attach a copy of any diagnosis and recommendations**



**Staff Use Only**

**Initial Meeting**

Not applicable

Telephone Call

In Person

Date		Time	
Present			

**Diagnosis letter seen** Yes

No

Not applicable

**Who is responsible for providing support in school?**

1.
2.

**Staff Training**

Name	Date delivered	By Whom	Review date

**IHCP Shared with...**

Name	Date	Reason