



# The Aylesbury Vale Academy

RESPECT | ASPIRATION | RESILIENCE

## Individual Healthcare Plan

Name of school/setting	Aylesbury Vale Academy
Child's name	
Form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date (Staff to complete)	

### Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

### G.P.

Name	
Phone no.	

### Clinic/Hospital Contact (if applicable)

Name	
Who is responsible for providing support in school (Staff to complete)	Mrs Ripley / 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*)

Mrs Ripley / First Aid

Plan developed with

Staff training needed/undertaken – who, what, when

Staff administering medication will need to complete Supporting Pupils at School with Medical Conditions

Form copied to

SIMS