



INSPIRE NURTURE BELIEVE ACHIEVE

Working together to be the best that we can be.

Individual Healthcare Plan

This form is designed to be used electronically in order to delete or expand sections as appropriate. For guidance in completing see appendix 7

Child/young person's name		DOB
Home address		Telephone Number
Medical Condition including known allergies		
Named person in school responsible for Healthcare Plan & their role		
Name and address of school		Telephone number

Symptoms to watch out for in an Emergency	What to do

Contact Details	Name	Address	Telephone
Emergency			
Parent			
Parent			
GP			
Health Professional			
Other e.g. childminder			

Medication

Name of medication	Dose and when to be taken	Where is it stored?	Who will administer / monitor in the case of self-administration

Medical Procedure

Procedure	When	How	Who (including cover arrangements)	

Toileting / Personal Care assistance (this section may not require the signature of a registered health professional and can be used as a stand-alone form if there are no other needs.)

<p>Description of procedure for staff to follow Including</p> <ul style="list-style-type: none"> • hygiene control measures • frequency / times • location 	
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Identify which parts of the care the child/young person will do independently	
Resources required and provider	
Identify any moving and handling needs (complete a moving and handling profile if required)	
Any additional information e.g. <ul style="list-style-type: none"> • communication needs • behaviour 	
Management of wet/soiled clothing	
Names of staff identified to carry out procedures	

Staff

What is required by whom?	Frequency	Provider

Names of staff who this plan needs to be shared with

Managing education during medical absences

Arrangements for ensuring work is sent home, catching up with lessons, counselling sessions and keeping in contact (as applicable)	
Arrangements for monitoring absences and liaising with Enhanced Mainstream School / Pupil Referral Service if required	

Other arrangements (if applicable)

Counselling sessions	
Exam arrangements	

Health Care Plan Agreed By:

	Name	Signature
Registered Health Professional		
Headteacher		
Parent		
Child / young person		

Parents' Consent: By signing this plan you are agreeing for your child to receive the treatment/care detailed. You are agreeing for copies of this plan to be shared with:

- NYCC Insurance and Risk Management (NYCC schools only)
- Staff who have a role/responsibility in managing your child's health care needs
- Transport providers as required

I confirm I will not hold North Yorkshire County Council or its staff responsible unless loss, damage or injury is occasioned as a result of their negligence

Parents Name.....

Parents Signature

Relationship to Child.....Date.....

Data protection:

The information in this plan will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the health care needs

of the child/young person. The information will be kept in accordance with NYCC policy regarding Data Protection

NYCC schools ONLY must send a copy to insurance@northyorks.gov.uk

Schools who are not insured by NYCC e.g. some academies, private nurseries, independent schools etc must NOT send IHCPs to NYCC Risk Management and Insurance but should contact their own insurers for advice.

Plan Reviews:

Date	Comments