

## 6.8 Individual Health Plan

This form must be used alongside the individual child's registration form which contains emergency parental contact and other personal details.

Address:	Date completed:	Review date:		
Address:     Allergies:      Medical condition/diagnosis   Medical needs and symptoms:   Daily care requirements:   Medication details (inc. expiry date/disposal)   Storage of medication:   Procedure for administering medication:   Names of staff trained to carry out health plan procedures and administer medication:   Other information:   Date risk assessment completed:   Risk assessment details:   Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:   Child's main carer(s)   1. Name:   2. Name:   2. Name:	Child's details:			
Allergies:   Medical condition/diagnosis   Medical needs and symptoms:   Daily care requirements:   Medication details (inc. expiry date/disposal)   Storage of medication:   Procedure for administering medication:   Names of staff trained to carry out health plan procedures and administer medication:   Other information:   Date risk assessment completed:   Risk assessment details:   Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:   Child's main carer(s)   1   2.   2.   Name:   Relationship to child:	Full name:	Date of birth:		
Allergies:   Medical condition/diagnosis   Medical needs and symptoms:   Daily care requirements:   Medication details (inc. expiry date/disposal)   Storage of medication:   Procedure for administering medication:   Names of staff trained to carry out health plan procedures and administer medication:   Other information:   Date risk assessment completed:   Risk assessment details:   Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:     Child's main carer(s)   1. Name:   2. Name:   2. Name:	Address:			
Medical needs and symptoms:   Daily care requirements:   Medication details (inc. expiry date/disposal)   Storage of medication:   Procedure for administering medication:   Names of staff trained to carry out health plan procedures and administer medication:   Other information:   Date risk assessment completed:   Risk assessment details:   Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:   Child's main carer(s)   1. Name:   Quarter (s):   2. Name:   Relationship to child:	Allergies:			
Daily care requirements:   Medication details (inc. expiry date/disposal)   Storage of medication:   Procedure for administering medication:   Names of staff trained to carry out health plan procedures and administer medication:   Other information:   Date risk assessment completed:   Risk assessment details:   Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:   Child's main carer(s)   1. Name:   2. Name:   Relationship to child:	Medical condition/d	iagnosis		
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Storage of medication:   Procedure for administering medication:   Names of staff trained to carry out health plan procedures and administer medication:   Other information:   Date risk assessment completed:   Risk assessment details:   Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:   Child's main carer(s)   1. Name:   2. Name:   2. Name:    Relationship to child:	Daily care requirem	ients:		
Procedure for administering medication:   Names of staff trained to carry out health plan procedures and administer medication:     Other information:     Date risk assessment completed:     Risk assessment details:      Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:   Child's main carer(s)     1. Name:   2. Name:     Relationship to child:	Medication details	inc. expiry date/disposal)		
Names of staff trained to carry out health plan procedures and administer medication:   Other information:   Date risk assessment completed:   Risk assessment details:   Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:   Child's main carer(s)   1. Name:   Contact number(s):   2. Name:   Relationship to child:	Storage of medicat	on:		
Other information:	Procedure for admi	nistering medication:		
Date risk assessment completed:         Risk assessment details:         Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:         Child's main carer(s)         1. Name:       Relationship to child:         2. Name:       Relationship to child:	Names of staff trair	ed to carry out health plan procedures and administer medication:		
Risk assessment details:     Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:     Child's main carer(s)   1. Name:   Contact number(s):   2. Name:     Relationship to child:	Other information:			
Risk assessment details:     Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:     Child's main carer(s)   1. Name:   Contact number(s):   2. Name:     Relationship to child:				
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names of staff responsible for an emergency situation with the child:     Child's main carer(s)   1. Name:   Contact number(s):   2. Name:     Relationship to child:	Risk assessment d	etails:		
1. Name:       Relationship to child:         Contact number(s):       Relationship to child:         2. Name:       Relationship to child:				
1. Name:       Relationship to child:         Contact number(s):       Relationship to child:         2. Name:       Relationship to child:				
Contact number(s):	Child's main care	er(s)		
2. Name: Relationship to child:	1. Name:	Relationship to child:		
	Contact number(s)			
Contact number(s):	2. Name:	Relationship to child:		
	Contact number(s)	States and the second s		

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General Practitioner's details:	BALL OR
Name:	Contact number:
Address:	WEST DEAN
Clinic of Hospital details (if app):	PRE-SCHOOL
Name:	Contact number:
Address:	

## Declaration

I have read the information in this health plan and have found it to be accurate. I agree for the recorded procedures to be carried out:

Name of parent:	Date:
Signature:	
Name of key person:	Date:
Signature:	
Name of setting supervisor:	Date:
Signature:	
Date:	

For children requiring life saving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epipens, Anapens, JextPens, maintaining breathing apparatus, changing colostomy or feeding tubes, you must receive approval from the child's GP/consultant, as follows:

I have read the information in this Individual Health Plan and have found it to be accurate.

Name of GP/consultant:	Date:	1.4
Signature:		

To be reviewed as and when needed.

Copy provided to parents/carers and attached to child's registration form.