



Orleans Primary School

Hartington Road, Twickenham, Middlesex, TW1 3EN

TEL: 020 8892 1654

Website: www.orleans.richmond.sch.uk

Email: info@orleans.richmond.sch.uk

Headteacher: Phoebe du Parcq

Deputy Headteacher: Alex Jones

Individual Healthcare Plan

Name of School:	Orleans Primary School
Child's Name:	
Class (Year Group and Name of Class):	
Date of Birth:	
Child's Address:	
Medical Diagnosis or condition:	
Date Completed:	
Date to be Reviewed:	Beginning of next academic year

Family Contact Information (please provide 2 different contacts)

Name:	
Relationship to Child:	
Contact Number:	
Name:	
Relationship to Child:	
Contact Number:	

Clinic/Hospital Contact

Name:	
Phone Number:	
Name of Hospital:	

GP Contact Details

Name of GP:	
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Name of Surgery:	
Phone Number:	

Who is responsible for providing medical support in school:	Class teacher/specified adult/any member of staff that is appropriately trained (delete as necessary)
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, special 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:	
Other Information / please attach any documentation	
Describe what constitutes an emergency, and the action to take if this occurs:	
Who is responsible in an emergency:	
Plan developed with:	Parents/Carers
Staff training needed:	Adrenalin auto injector training / asthma training / epilepsy training

The above information is, to the best of my knowledge accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is a change in dosage or frequency of the medication or if the medicine is stopped.

Signature:	
Relationship to Child:	
Date:	