



**GUISELEY
SCHOOL**

Individual Healthcare Plan

Personal Details	
Child's full name	
Form group	
Date of birth	
Medical diagnosis	
Give as much detail as you can about their medical needs Eg/ Symptoms, triggers, equipment, environmental issues	
Emergency contact 1	
Relationship to child	
Phone no(s)	
Emergency contact 2	
Relationship to child	
Phone no(s)	
Clinic/Hospital Contact	
Name	
Phone No	
GP	
Name	
Phone No	
Emergency care	
Treatment	
Medicine to be used (must be provided from home)	
Any further action to be taken in an emergency	
Routine care	

Daily care requirements	
Support for educational, social or emotional needs	
Any extra information needed for school trips?	
Extra information	
Are they immuno-compromised?	Yes/No
Are they receiving treatment for cancer?	Yes/No
Are they pregnant?	Yes/No
Parental signature	
Date	