

**Appendix 1****Individual Health Care Plan**

<b>Name:</b>	<b>DOB:</b>	<b>Start date:</b>
<b>Medical Condition</b>		<b>In an Emergency</b>
<b>What:</b>	<b>Action:</b>	
<b>When diagnosed:</b>	<b>Contact numbers :</b>	
<b>Staff Awareness &amp; Training</b>		
<b>Staff Aware of the Condition:</b> <i>eg whole school briefing</i>		
<b>Staff Trained to administer the medication:</b>		
<b>Training updates required:</b>		
<b>Symptoms</b>		
<b>Regular/typical symptoms</b>		
<b>Unusual symptoms and response required</b>		
<b>Medication &amp; Named people responsible</b>		
<b>Staff:</b>		
<b>What:</b>		
<b>Dose:</b>		
<b>Time :</b>		
<b>Where:</b>		
<b>Possible side effects:</b>		
<b>Other notes</b> <i>eg equipment, environmental, food, drink</i>		
<b>Signed (parent or carer)</b>		
<b>Date:</b>		
<b>Signed (head teacher)</b>		
<b>Date :</b>		