St Edmund's and
St Joseph's
Catholic Primary Schools

Individual Pupil Healthcare Plan for Medical Needs (including allergies)

Name: _____

Address: _____

_____

Contact number: _____

Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Medical Diagnosis/ Conditions:

_____

_____

_____

If it is allergy related: _____

_____

_____

Note what medical condition / allergy the child has.

Note any known allergens.

Note whether your child know if having an allergic reaction and whether they can alert others.

These data will be securely filed in our medical folder in the Admin Office at St Edmunds/St Josephs Primary School.

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How the condition/allergy is managed: _____

_____

_____

Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the person is able to take responsibility for managing their condition/ allergy.

Impact on education: _____

_____

_____

Indicate the potential harm which might come to the person if their condition/allergy is not managed properly.
Example: Indicate how the allergy may impact on the person's learning.
Indicate how the allergy may impact on the child or young person's emotional wellbeing.
If relevant, note any interaction between allergy and SEN.

Arrangements for support: _____

_____

_____

Give details of the specific support or adaptations which the school, early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

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Visits and trips: _____

_____

_____

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered. Ensure the relevant medication needed during the trip is given to the School Office prior and the permission to administer medication form is completed.

Emergency response: _____

_____

_____

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.
Otherwise summarise the signs or symptoms which would indicate an emergency.
Set out what to do in an emergency, including whom to contact.
If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

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Child's name: _____

Annex: Medication needed while in school / college / setting

Non-prescription medication: _____

_____

_____

Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting
Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access
Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.

Parental consent:	**Date**:

Prescription medication: _____

_____

_____

Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).
Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.
Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.

Prescribed by:	**Date**:
Parental consent:	**Date**:

Use of "spare" adrenaline devices: _____

_____

Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.

Parental consent:	**Date**:

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Use of "spare" salbutamol inhaler: _____ _____ *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*

Parental consent:	**Date**:

Child's Name: _____ **Annex: Care or Action Plans issued by healthcare professionals**
Allergy / Asthma Action Plan: _____ _____ _____ *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*

Issued by:	**Date**:

Care Plan: _____ _____ _____ *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*

Parent consent:	**Date**: