



Ottery St Mary Primary School IHCP

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|--------------------------------------|--|------------|
| Child's Name | | PHOTO HERE |
| Class | | |
| DOB | | |
| Address | | |
| Medical diagnosis / Condition | | |
| Date | | |
| Review date | | |

Family contact information

| | |
|------------------------------|--|
| 1. Name | |
| Relationship to child | |
| Phone (work) | |
| Phone (home) | |
| Phone (mobile) | |
| 2. Name | |
| Relationship to child | |
| Phone (work) | |
| Phone (home) | |
| Phone (mobile) | |

Clinic / Hospital contact

| | |
|-------|--|
| Name | |
| Phone | |

GP

| | |
|-------|--|
| Name | |
| Phone | |

Person responsible for providing support in school

| | |
|------|--|
| Name | |
|------|--|

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications.

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Administered by / self administered / with/without supervision?

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Daily care requirements

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Specific support for pupil's educational, social and emotional needs:

Arrangements for school trips

Other information

Describe what constitutes an emergency and the action to take if this occurs:

Who is responsible in an emergency (*state if different for offsite activities*)

Plan developed with

Staff training needed / undertaken (who/what/when)