

**Hillcrest Primary School**

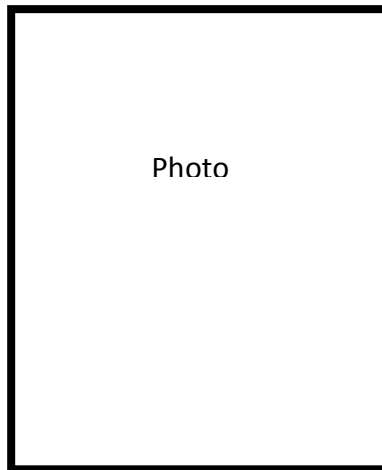
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**LONG TERM**

**INDIVIDUAL HEALTHCARE PLAN FOR**

**Child's name:**..... **Class:** .....



**Medical diagnosis or condition**

Date of birth  
Date of plan  
Review date


**Family Contact Information**

1. Name  
Relationship to child  
Phone no. (work)  
(home)  
(mobile)  
2. Name  
Relationship to child  
Phone no. (work)  
(home)  
(mobile)


**Clinic/Hospital Contact**

Name  
Phone no.


**G.P.**

Name  
Phone no.


**Medicine**

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school  
needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be clearly named in the original container/box as dispensed by the pharmacy with prescription label.**

Describe medical needs and give details of child’s symptoms, triggers, signs, environmental issues etc

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Arrangements for school visits/trips etc

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Any other Information

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I agree that the medical information contained in this plan may be shared with individuals involved with my child’s care and education, including the emergency services. I understand that I must notify the school of any changes in writing.

Signed.....

Date.....

Print.....

Relationship to child.....