



## Individual Health Care Plan

Please complete the following plan if your child has prescribed medication or suffers with a serious illness/allergy

Clinic/hospital contact name	
Clinic/hospital contact number	
GP Name	
GP contact number	

<b>Describe medical needs and give details of child's symptoms, triggers and sign below</b>

Treatment	
Facilities	
Equipment/devices	
Medication name	
Medication dose	
Method	
To be administered by	Student <input type="checkbox"/>   First Aid trained member of RTS <input type="checkbox"/>

<b>Outline daily care requirements</b>

<b>Outline specific arrangements required for trips and visits</b>

**Explain what would constitute as an emergency**

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**Additional notes**

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**Plan completed by**

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**Relationship with child**

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The following section should be completed by a member of the Richmond upon Thames School staff.

**Additional staff training required**

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**Member of staff responsible for providing support within school**

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**Date information transferred to EVOLVE**

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This document will remain in the named student's files whilst they are a student at this school.