

Individual healthcare plan

Child's name	
Tutor group	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

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

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

Clinic/Hospital Contact

Name	
Phone no.	
Email	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Insert school footer here

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

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

Insert school footer here

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Risk Assessment attached? Yes / No

Insert school header here

This is the Oxfordshire Hospital School risk assessment and is provided for guidance only. It must be adapted by the home school for their use. The context and environment in school may present different risks that need to be addressed.

Child's Name:		DOB:			
School:	Oxfordshire Hospital School	Keyworker:			
Brief description of diagnosis/difficulties/reason for accessing OHS:					
Information available to inform risk assessment: e.g multiple sources, parents, CAMHS, Individual, teacher.					
Risk (Please enter all relevant risk issues under the headings below.)	Low (0-1)	Medium (2-3)	High (4-5)	Description of risk (Please use Risk Assessment Information and Scoring Sheet for assistance if required)	Recommended Measures taken to prevent or reduce risk / Risk management Plans. (you may cross reference with any part of the referral form or attachments) (To include specific details/useful information which help the individual to cope and or help the professional to assist in improving engagement in teaching and learning sessions; Clear actions and responsibility stated)
Risk to Self:					
Risk to others:					
Vulnerability e.g At risk from others, Neglect, Child protection					
Risk within the Environment (include where relevant e.g home, hub)					

Plans for positive risk taking: (e.g. N/A, or Please use Risk Assessment Information Guide and Scoring Sheet for assistance if required)

Insert School Header Here

--

Any Incidents while at OHS – Date//brief description below.

Network of Support (e.g. other professionals involved, carer, CAMHS Worker)		
Name:	Role:	Contact details:

Signature of assessor: [enter name if electronic]

Data Protection Act. This information is being collected for the purpose of determining the educational needs of the named pupil, but may also be shared with other relevant professionals to inform their work. The information collected may also be used for the wider purpose of providing anonymised statistical data to assist with monitoring of provision and/or determining areas of need in order to target future resources.

Insert school footer here