



Individual Healthcare Plan (IHP)

Name of child:



Headteacher Mrs H Daniels

Cookham Rise Primary School

High Road, Cookham, Maidenhead, Berkshire SL6 9JF Tel: 01628 520961

Email: cookhamrise@rbwm.org Website: www.cookhamriseprimary.org



Individual healthcare plan

Name of school/setting	Cookham Rise Primary School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	



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Who is responsible for providing support in school

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

What is likely to happen?

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

What would parents/carers like the school to do?

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



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Arrangements for school visits/trips etc

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 off-site activities*)





Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

History/updates

