



Penwortham Girls'
High School

Individual Healthcare Plan (IHP)

Name of school/setting	Penwortham Girls' High School
Student's name	
Form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date plan drawn up	
Review date	

Family contact Information:

Family Contact 1:

Name	
Relationship to child	
Address	
Tel (home)	
Tel (mobile)	
Tel (work)	

Family Contact 2:

Name	
Relationship to child	
Address	



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Tel (home)

Tel (mobile)

Tel (work)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

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

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 e.g. before sport or at lunchtime

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

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*)



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Plan developed with *(please detail if applicable)*

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Signed:	Date:
(Parent):	
Student (where appropriate):	
SENCO:	
GP (where appropriate):	