



# IHP

## Individual Healthcare Plan

Student Medical Details and Parental agreement for  
Castle Hall Academy to administer medicine

### 1. Student Identification Details

Name	
Date of birth	
Address	
Form	

### 2. Student Medical Details

A) Medical Condition or illness	
Medication prescribed (Strength and dosage)	
Expiry Date	
Treatment - Dose and frequency of medicine	
Self-administration	Yes <input type="checkbox"/> No <input type="checkbox"/>
Side Effects	
Action to be taken in event of emergency	
B) Medical Condition or illness	
Medication prescribed (Strength and dosage)	
Expiry Date	
Treatment - Dose and frequency of medicine	
Self-administration	Yes <input type="checkbox"/> No <input type="checkbox"/>
Side Effects	
Action to be taken in event of emergency	
I give permission for my child to be administered with paracetamol - Yes <input type="checkbox"/> No <input type="checkbox"/>	

### 3. Emergency Contact Details

Parent/ Carer	Name	
	Phone—Mobile/Home	
	Phone—Work	
Other Contact	Name	
	Phone—Mobile/Home	
	Phone—Work	
Doctor	Name	
	Surgery Address	
	Telephone	
Pharmacy	Pharmacy Address	
	Telephone	
Other relevant Health professional	Name	
	Address	
	Telephone	

### 4. Facilities Required

<b>Equipment and Accommodation</b>	
<b>Staff Training</b>	

### 5. Consent and review

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Castle Hall Academy staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that I must deliver the medicine personally to: Mr Peter Norcliffe – Medical Needs/First Aid Coordinator.

Signed by Parent/Carer: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Signed by Medical Coordinator: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Signed by Headteacher: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Form updated 15/05/2019

REVIEW DATE: \_\_\_/\_\_\_/\_\_\_