

## Individual Healthcare Plan (IHCP)

### TEMPLATE

#### Child/young person details

Child's name:		
Nursery/school/college		
Child's Address		
Year group		
Date of birth		
Medical diagnosis	[e.g. coeliac disease / dermatitis herpetiformis] Diagnosed since	
Explanation of condition	[Information provided in 'Coeliac disease in school' pack]	
Other medical conditions		
Allergies		
Date		
Review date	[Agree a date for review. This should be at least annually or when any aspect of your child's condition/care changes]	

**Family contact information**

Name		
Relationship to child		
Telephone number	Home Work Mobile	
Email		
Address if different to child		
Name		
Relationship to child		
Telephone number	Home Work Mobile	
Email		
Address if different to child		

**Other essential contacts**

Contacts		Contact number
General Practitioner		
Class teacher		
Health visitor/School nurse		
Special Educational Needs Co-ordinator (if applicable)		
Other relevant teaching staff (trained on diet)	[e.g. Food Technology teacher]	
Other relevant non-teaching staff (trained on diet)	[e.g. catering manager]	
Head teacher		

**Describe and give details of child's symptoms, triggers, signs, environmental issues etc.**

[Describe specific symptoms to your child if they eat gluten]

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

[Include specifics about your child's gluten free diet]

**Daily care requirements**

[Include specifics about your child's gluten free diet]

**Specific support for the pupils educational, social and emotional needs**

[Include specifics about your child]

**Arrangements for school visits/trips etc.**

[Include specifics about your child's gluten free diet]

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

[Include any specifics about your child]

**Staff training needed/undertaken – who, what, when**

[e.g. catering training]

**Plan developed with and agreed by**

	Name	Signatures	Date
Young person/child			
Parents/carers			
School representative (include job title)			
Health visitor/ School nurse			