



LEARNING - LOVING - LIVING

Office Use Only

*Affix photograph of pupil once photographs
have been taken.*

INDIVIDUAL CARE PLAN

Date Form completed:

Name of school/setting

Child's Legal First name & Legal surname

Year Group

Date of birth

Child's address

Medical diagnosis or condition
Including any allergies

Date of diagnosis

Review date

Trinity Secondary School

Family Contact Information

Name (Primary contact)

Phone no. (work)

(home)

(mobile)

Email

Name (Secondary contact)

Relationship to child

Phone no. (work)

(home)

(mobile)

Email

Clinic/Hospital Contact (IF APPLICABLE)

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school *(for office use only)*

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 /Offsite activities

Note: Pupils are to ensure they have their own Auto injectors, inhalers, antihistamines, pain meds on them at all times.

Other information

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

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Other information

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Plan developed with (Health Care professional, GP, Clinical Lead Nurse, and Specialist)

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Staff training needed/undertaken – who, what, when

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Please return the form to :

Lead First Aider, Trinity Secondary school, Taunton Road, Lee, SE12 8PD
Email : head.masters.pa@trinity.lewisham.sch.uk

Signature of Parent/Carer

Date :

Date of next Review:

SIMS Updated YES / NO

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(Annually reviewed unless medical conditions change within the next 12 months whereby the school must be notified)