

Individual Healthcare Plan

To be reviewed every term/ 12 weeks

This form should be typed and held in a secure location – maintaining confidentiality where needed, but available to those other staff who may need access.

Name of College:	
Student's name:	
Course:	
Date of birth:	
Student's address (UK):	
Medical diagnosis or condition:	
Date:	
Conducted by:	

Parent/Guardian/Agent Contact Information

(for over 18s the emergency contact/ next of kin should be added)

Parent name(s):	
Parent phone number(s):	
Are parent details on iSAMS?	
Agent name (agent counsellor):	
Agent phone number:	
Agent email address:	
Guardian name:	
Guardian phone number:	
Are guardian details on iSAMS?	

Clinic/Hospital Contact (if applicable)

Name:	
Phone no:	

G.P.

Name:	
Phone no:	

Who is responsible for providing support in school:	
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Describe medical needs and give details of student's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Condition:	
Symptoms:	
Triggers:	
Signs:	
Treatment:	
Facilities, devices or equipment required:	
Short term or long term condition?	

Medication details

Name of medication:	
Is medication from UK GP or overseas?	
Is medication clearly labelled in English?	
How long is medication required for? (ongoing or fixed term)	
Will further supplies of medication be required before the student's next trip to home country?	
Dosage:	
Method of administration:	
When to be taken:	
Side effects:	
Contra-indications:	
Administered by (staff/host etc) or self-administered with/without supervision	
If unsure about the medication – has a UK GP been consulted?	
<i>* For student who require assistance with taking medication or for medication to be administered please complete 'Record of medicine admin to individual student' form, for those self-medicating please complete 'Medical Self Administration' form</i>	

Daily care requirements in school:

Care requirements in accommodation:

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

Arrangements for school visits/trips etc:

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*):

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

Other information:

Communication of medical information

	Yes/No	Date	Notes/ Who
Have details of this form been added to iSAMS?			
Have details of this form been shared with homestay carers / residence wardens?			
Have details of this form been shared with relevant school staff – Group Tutor, Course Director, activity and social programme coordinators, teachers (as required – specify who)?			
Have details of this form been shared with the student's guardian (if applicable)?			
Have details of this form been shared with the agent/parents?			
Have relevant additional medical forms been completed for administration of medications?			

IHCP Review 1

Date of review:	
Conducted by:	
Outline of any changes to the above plan:	
Has the student visited a GP since plan made?	
If yes, please give details:	
Have care changes been communicated to student?	
Have care changes been communicated to homestay or residence wardens?	
Have care changes been communicated to the guardian (if applicable)?	
Have care changes been communicated to parents/agent?	
Have care changes been communicated to key school staff?	

IHCP Review 2

Date of review:	
Conducted by:	
Outline of any changes to the above plan:	
Has the student visited a GP since plan made?	
If yes, please give details:	
Have care changes been communicated to student?	
Have care changes been communicated to homestay or residence wardens?	
Have care changes been communicated to the guardian (if applicable)?	
Have care changes been communicated to parents/agent?	
Have care changes been communicated to key school staff?	

IHCP Review 3

Date of review:	
Conducted by:	
Outline of any changes to the above plan:	
Has the student visited a GP since plan made?	
If yes, please give details:	
Have care changes been communicated to student?	
Have care changes been communicated to homestay or residence wardens?	
Have care changes been communicated to the guardian (if applicable)?	
Have care changes been communicated to parents/agent?	
Have care changes been communicated to key school staff?	

IHCP Review 4

Date of review:	
Conducted by:	
Outline of any changes to the above plan:	
Has the student visited a GP since plan made?	
If yes, please give details:	
Have care changes been communicated to student?	
Have care changes been communicated to homestay or residence wardens?	
Have care changes been communicated to the guardian (if applicable)?	
Have care changes been communicated to parents/agent?	
Have care changes been communicated to key school staff?	