STUDENTS INDIVIDUAL HEALTHCARE PLAN
2026-2027

Weald of Kent Grammar School

Name:		
Date of Birth:		
Medical diagnosis or condition (including allergies)		

Form:		**Review Date:**	

FAMILY CONTACT INFORMATION

Contact 1		**Contact 2**	
Name:		Name:	
Daytime Phone:		Daytime Phone:	
Home Phone:		Home Phone:	
Mobile Phone:		Mobile Phone:	
Email address:		Email Address:	
Relationship:		Relationship:	
Clinic/Hospital contact:		**GP:**	
Name:		Name:	
		Address:	
Phone:		Phone:	

Describe medical needs/condition and give details of pupil's individual symptoms and any medication required. Please complete separate medication permissions form if medication is required:

Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting

Describe daily care requirements
Describe what constitutes an emergency for the pupil and the action to take if this occurs. Where an Action plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.
Impact on education:
(Indicate the potential harm which might come to the child or young person if their condition is not managed properly. Indicate how their condition may impact on the child or young person's learning. Indicate how the condition may impact on the child or young person's emotional wellbeing.)
Arrangements for support:
(Give details of the specific support or adaptations which the school can put in place, within its educational remit, including any additional support required for trips)

Signed:…… **Print name:……** **Date:……**
Consent for use and administration of inhalers and Adrenaline auto injectors in school (only sign if child uses one/both)
I give permission for my child to be administered/carry emergency medication such as inhalers & AAI's whilst at school. **Signed…… Print name……** **Date…….**
Student support staff: Please ensure a copy of this is scanned and attached to arbor, SharePoint and it is shared with the relevant staff members.