DULWICH COLLEGE
FOUNDED 1619

Medical Centre
Medical Centre Team
0208 299 9269
Medical.centre@dulwich.org.uk

Individual Healthcare Plan (IHCP)

Child Details

Surname	
First name	
Preferred name	
Date of Birth (DD/MM/YYY)	
Year Group	

Family Contact Information

Surname	
Name	
Relationship to Child	
Phone number	

Emergency Contact Information

Please provide details of two individuals.

Name	Contact 1	Contact 2
Surname		
Relationship		
Phone number		
Email address		

Medical Diagnosis / Condition Information

Name of condition/diagnosis	
Date of diagnosis	
Review date	

Medication Details

Name of Medication	
Dose	
Method of administration	
When to be taken	
Side Effects	
Contra- indications	
Administered with or without supervision	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Care Requirements

Describe the specific support for the child's educational, social and emotional needs.

Emergency Situation

Describe what constitutes an emergency and what action to take

Any specific training needed to manage condition.

Consent

I agree the information in this plan may be shared with individuals involved with the care of my child and will notify the College of any changes to this plan.

Signed by Pupil	
Date	
Signed by Parent	
Date	