



TNH-office@attrust.org.uk



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tnha.attrust.org.uk



Brandon Road, Swaffham, PE37 7DZ



1st October 2024

Dear Parent/Carer

Individual Health Care Plan

As your child is new to the academy, we would like ensure that all relevant information that came from your child's primary school is up to date. It is vital that we ensure we have up to date medical knowledge of your child. As a newly appointed SENDCo at the academy I would like to update and review students with medical needs regularly, to ensure that we are supporting your child in the best way we can.

If you feel your child has a medical condition, whether currently known to us or not, please could you complete the form attached and return this to our school reception by **Monday 14th October 2024.**

We will use this information to put together or update your child's individualised medical plans. Once we have received this information, we will contact you if we have any queries or concerns regarding the information stated. We may need to meet you to discuss further your child's support and will contact you if we feel this is necessary. Alternatively in addition to completing and returning the form you may contact myself (Clare.Smith@attrust.org.uk) or Lesley Wales (Lesley.Wales@attrust.org.uk) who oversees administering medication to discuss this further should you wish to.

Please can you complete this with as much detail as possible and ensure you have signed the parental agreement for administering medication.

If we do not receive information on your child and a signed medication form then we will not be able to administer any medication.

Thank-you for your support and cooperation.

Kind regards.

Clare Smith
SENDCo

Individual Healthcare Plan

Name of academy

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

The Nicholas Hamond Academy

As and when required

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in the academy

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 academy visits/trips etc

Other information

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*)

Plan developed with

To be completed in school

Staff training needed/undertaken – who, what, when

To be completed in school