

## Individual healthcare plan (IHP) for epilepsy

Date: \_\_\_\_\_ Review date: \_\_\_\_\_

### Child's details

Name	
Group/class/form	
Date of birth	
Address	

### Family contact information

1. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	
2. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	

### Clinic/hospital contact

Name	
Role	
Phone number	

### GP

Name	
Phone number	

Who is responsible for providing support at school?	
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Details of epilepsy / epilepsy syndrome

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Seizure(s) – type, what happens before, during and after, frequency, duration

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Action to be taken during and after a seizure

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Emergency procedure if seizure lasts more than \_\_\_\_\_ minutes

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Emergency medication (*only to be administered by named and trained members of staff*):

Name and dose of medication	
Named individual(s) who may give medication	

Anti-epileptic drug(s)

Name:	Dose:
Name:	Dose:
Name:	Dose:

Side-effects of medication

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Information about other treatments

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Seizure triggers (if known):

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Specific support or equipment required (for medical, educational, social, emotional needs)

Activities that require special precautions, and how to manage

Arrangement for school trips

Other information

This plan has been agreed by (pupil/parent/carer/doctor/school nurse/epilepsy specialist nurse):

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

**Details of staff training required**

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