

Template

Individual Healthcare Plan for Migraine Sufferers

An individual healthcare plan is an agreement between parents/carers, a child's school and their health professionals that identify specific medical needs and the support required in school. The plan sets out the child's specific medical needs, support to be provided, when this is needed and individuals responsible for this to happen.

Guide for creating a healthcare plan

- **Provide detailed and supporting information**
Parents/carers should ensure they supply their child's school with medical report that provides information about the child's migraine and any other existing medical condition. They should provide their child's school with all necessary information about their child including symptoms and triggers of their migraine, treatment, contact details and family circumstances.
- **Involve others in creating the plan**
It is important for the school to involve the relevant stakeholders and professionals in creating the healthcare plan such as parents/carers, pupil, healthcare professionals, headteacher. A headache nurse or neurologist involved in managing the child's condition may be able to recommend specific and suitable support.
- **Share information with relevant people**
The individual healthcare plan should be shared with all relevant school staff involved in providing support to the child, health professionals and the child's parent/carer. The document should be easily accessible to the relevant people and confidentiality maintained.
- **Monitor child's progress**
A child's progress in school can be monitored against the healthcare plan to ensure that any support or adjustments put in place are effective. If a change in situation is identified this should be shared with the relevant professionals supporting the child and changes to adjustments made to reflect this.
- **Review plan**
A healthcare plan should be reviewed regularly or yearly; this requires regular communication between the parties involved in supporting the child. Any change or concern about the child's situation should be discussed and actioned. A review date to monitor effectiveness should be agreed.

My healthcare plan

Date of plan: _____

Review date: _____

(Plan should be renewed annually or more frequently if the child's situation changes)

Name of person completing plan: _____

Role: _____

Pupil's details

Pupil's name	
Date of birth	
Year/form	
Home address	
School name and address	
Class teacher	
Gender	

Emergency/family contacts information

Name		
Relationship to child		
Telephone numbers	Home Work Mobile	
Address		
Email		

Name		
Relationship to child		
Telephone numbers	Home Work Mobile	
Address		
Email		
Siblings' name(s)		

Health professionals' and education contacts

GP	
Consultant	

Medication

Name (on the container/packaging)	
Prescribed dose/method	
When to administer	
Known side effects	
Self administration	
Staff responsible	
Additional information	

Staff training requirements (if any)

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Additional comments

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Agreement

I agree that the information in this individual healthcare plan is accurate and up to date. I understand that the information in this document will be shared with the relevant professionals involved in my child's education and at times external health professionals for the purposes of the health and safety of my child. I agree to inform the school as soon as possible of any changes which affect this plan.

I agree that:

- The school will be responsible for the storage of my/my child's medicines and it will be stored in accordance with the schools policy.
- The school will be responsible for administering my/my child's medication at required intervals/in emergencies as stated in this healthcare plan.
- I agree that I/my child can keep my/their medication on my/their person and have responsibility for the use of this when required.
- I am aware of, and have read and understood the school's medical conditions policy shown to me.

Parent/carer and pupil's signatures

Parent/carer's name	
Signature	
Pupil's name	
Signature	

I agree that the information in this plan is accurate and up to date.

Health professional's signature

Health professional's name	
Job title	
Signature	

I agree, on behalf of the school, to the procedures, including management of medication, outlined in this individual healthcare plan and I'm responsible for ensuring the necessary action is taken by the school. I agree to inform the relevant parties and review the plan in the event that any changes occur which may affect this agreement.

School staff signature

Name	
Job role	
Signature	



List of additional information attached

Useful contacts

The Migraine Trust: has an Advocacy Service that provides information and support to migraine sufferers. www.migrainetrust.org