

Individual healthcare plan (IHP) for epilepsy

Date:	Review date:
Child's details	
Name	
Group/class/form	
Date of birth	
Address	
Family contact infor	mation
1. Contact name	
Relationship to child	
Phone number (work)
(mobile)	
(home)	
2. Contact name	
Relationship to child	
Phone number (work)
(mobile)	
(home)	

Clinic/hospital cont	act
Name	
Role	
Phone number	
GP	
Name	
Phone number	
Who is responsible for providing support at school? Details of epilepsy /	epilepsy syndrome

1:						
2:						
3:						
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Seizure(s) – type, what happens before, during and after,

frequency, and duration

Emergency procedure if seizure lasts more than minutes				
ls an emergency m	nedicines co	are plan in place: yes / no		
Emergency medicine named and trained n		_		
Name and dose of m	edicine			
Named individual(s) give medicine	who may			
Emergency medicine	e(s)			
Name:				
Dose:				
Time given:				
Name:				
Dose:				
Time given:				
Name:				
Dose:				

Time given:

Support neede	dafter a se	eizure	
0.1 (6 . (
Side-effects of	medicine(s	5)	
I			
Information ab	but otner ti	reatments	
C-:	. /!£		
Seizure triggers	it known)	

Specific support or equipment required (for medical, learning, social, emotional needs)				
Activitie to mand	es that require special precautions, and how age			
Arrange	ement for school trips			
Other in	nformation			

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

Name:	
Role:	
Signature:	
Contact number:	
Name:	
Role:	
Signature:	
Contact number:	
Name:	
Role:	
Signature:	
Contact number:	
Name:	
Role:	
Signature:	
Contact number:	
Name:	
Role:	
Signature:	
Contact number:	
Details of staff trai	ning required/undertaken

Notes				
zure				
Length of seizure				
Ľ				
Time				
Date				



Epilepsy Action

New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY tel. 0113 210 8800

Epilepsy Action Helpline: freephone 0808 800 5050 **email** helpline@epilepsy.org.uk **epilepsy.org.uk**