



St Albans Girls' School

Learning for Life in a Community where All can Excel

STUDENT **EPILEPSY** INDIVIDUAL HEALTHCARE PLAN (IHP)

(to be completed by Parent/Carer. This form is also available on our website)

Student's name	
Form	
Date of birth	

Parent/Carer Contact Information

Name	
Relationship to student	
Emergency contact number	

MEDICATION : What medication(s) has your daughter/son been prescribed. Please list dose, method of administration, when to be taken, side effects, contra indications, administered by/self-administered with/without supervision (*only to be completed if medication is required to be taken in school*)

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ADDITIONAL SUPPORT: Describe any additional support (*other than medication*) your daughter/son requires (e.g. facilities, equipment or devices, environmental issues, physical adaptations etc)

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DAILY CARE : Please specify below any daily care requirements, e.g. before sport, at lunchtime, if applicable.

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TRIGGERS and SIGNS: What are the triggers, signs & symptoms that an epileptic seizure may be imminent?

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How is an epileptic seizure identified & what treatment should be given?

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Action to take in an emergency

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G.P. Contact

Name	
Address and Telephone Number	

Can the named GP be contacted for information where required (delete as applicable) YES/NO

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OTHER INFORMATION

When was your daughter/son diagnosed with epilepsy?			
Does your daughter/son have disturbed sleep due to his/her epilepsy? <i>(please tick)</i>	Rarely	Occasionally	Frequently
How many times, if any, has your daughter/son attended hospital as a result of an epileptic seizure in the past year?	Not attended	Once or more	State how many times
Who monitors your daughter/son's epilepsy? <i>(if under a hospital, please give name of hospital and consultant)</i>			
How often is your daughter/son seen by the hospital/GP/nurse? <i>(please tick)</i>	Only when she/he has had an epileptic seizure	On a 3-6 month basis (or more frequent)	Annual Check

SIGNATURE _____ **Date** _____
(Parent/Carer)

NAME (print) _____

FOR OFFICE USE ONLY	
Input: _____	Checked: _____
Initial: _____	Date: _____

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