info@boundlessarts.co.uk
www.boundlessarts.co.uk
07951 305935

INDIVIDUAL HEALTHCARE PLAN (EHCP)

Confidential – For authorised Boundless Arts staff only

1. PUPIL DETAILS			
Pupil Name		**Date of Birth**	
School / Setting		**Year / Class**	
Parent / Carer		**Contact Number**	
Plan Created		**Review Date**	

2. HEALTH CONDITION / MEDICAL NEED	
Condition / medical need	_____
Brief description / how it affects the pupil	_____ _____
Known triggers / warning signs	_____

3. SYMPTOMS & WHAT STAFF SHOULD LOOK FOR

Tick as appropriate: ☐ Change in behavior ☐ Difficulty breathing ☐ Pain ☐ Dizziness/fainting ☐ Fatigue ☐ Allergic reaction ☐ Seizure ☐ Other: _____

Specific symptoms / early warning signs for this pupil:

4. MEDICATION & EMERGENCY RESPONSE

Medication	Dose	When / Why Required	Who May Administer?

Medication stored at	
If pupil becomes unwell – staff should	
Call 999 when	

5. ACTIVITIES, TRIPS & ADJUSTMENTS

PE / Dance / Sports participation: ☐ Fully ☐ With adjustments ☐ Restricted ☐ Not permitted

Trips / off-site activities: ☐ Normal participation ☐ Additional arrangements required

info@boundlessarts.co.uk
www.boundlessarts.co.uk
07951 305935

Required adjustments / support:
☐ Rest breaks ☐ Medication access ☐ Water ☐ Modified activity ☐ Adult support ☐ Quiet/safe space ☐ Dietary arrangements ☐ Other: _____ Details: _____

6. PUPIL & PARENT / CARER INFORMATION	
Pupil's views / what helps them feel safe and supported	
Parent / carer information or preferences	
Healthcare professional / GP contact (if applicable)	

7. STAFF AWARENESS & SIGN-OFF			
Staff Member	**Role**	**Date Informed**	**Signature**
Parent / Carer Name		**Signature**	
School / Setting Representative		**Signature**	
Date		**Next Review**	