



# Individual Health Plan

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

(For asthma medication we need you to provide an inhaler/spacer that stays at the centre with a copy of this plan)

In what circumstances/situations should this medicine be given:

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Method for administering medication:

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Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

If medicine is required during care – staff are to record details below  
(Plan needs to be reviewed with parent every 3 months)

Date	Reason required	Dosage	Time Given	Staff Sign

Parent Acknowledgement at end of 3 month period. Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_