epilepsy action

Individual healthcare plan (IHP) for epilepsy

Date: ______________________ Review date: ___________________

Child's details

Name	
Group/class/form	
Date of birth	
Address	

Family contact information

1. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	
2. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	

Clinic/hospital contact

Name	
Role	
Phone number	

GP

Name	
Phone number	

Who is responsible for providing support at school?	

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New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY United Kingdom
tel. 0113 210 8800 • fax 0113 391 0300 • email epilepsy@epilepsy.org.uk • www.epilepsy.org.uk • Epilepsy Helpline freephone 0808 800 5050
Registered charity in England (No. 234343)

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Details of epilepsy / epilepsy syndrome

Seizure(s) – type, what happens before, during and after, frequency, duration

Action to be taken during and after a seizure

Emergency procedure if seizure lasts more than ___________ minutes

Emergency medication *(only to be administered by named and trained members of staff):*

Name and dose of medication	
Named individual(s) who may give medication	

Anti-epileptic drug(s)

Name:	Dose:
Name:	Dose:
Name:	Dose:

Side-effects of medication

Information about other treatments

Seizure triggers (if known):

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Specific support or equipment required (for medical, educational, social, emotional needs)

Activities that require special precautions, and how to manage

Arrangement for school trips

Other information

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

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Details of staff training required

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