



Hemyock
Primary School

Individual Mental Health Care Plan



Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Any medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe the child's mental health needs and give details of

*child's symptoms

*triggers

*signs

--

Appendix 1

Specific support for the pupil's educational and social, emotional and mental health needs:

Role of the parents/carers:	Role of school:
-----------------------------	-----------------

Any medication?

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Is there a need for outside agency support?

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Signed (Parents):

Date:

Signed (School):

Date: