



## Long Covid Kids Individual Healthcare Plan (IHCP)

- ❖ Supporting pupils with Long Covid, IN full first and overlapping illnesses including PoTS, ME/CFS, MCAS and PANS
- ❖ Ensuring needs, symptoms and required adjustments are clearly understood

### 1. Pupil Details

Pupil Name

Date of Birth

Year / Class

School

Plan Start

Date

Review Date

SEN / EHCP

Status

**RECOGNITION . SUPPORT . RECOVERY**

**LONG COVID KIDS**

Lytchett House, 13 Freeland Park, Wareham Road,  
Poole, Dorset, BH16 6FA

E: [info@longcovidkids.org](mailto:info@longcovidkids.org)

W: [www.longcovidkids.org](http://www.longcovidkids.org)

A charity registered in  
England & Wales 1196170  
& Scotland SC052424



## 2. Medical Overview

**Diagnosis / Conditions:**

**Impact on School Life:**

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### **3. Key Symptoms**

*This list is not exhaustive. Symptoms may also fluctuate, and change over time*

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#### 4. Day-to-Day Support Needs

Support Area	Details
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Attendance, timetabling and workload	
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Permission to rest	
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Classroom / Work Adjustments	
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Physical Activity / PE	
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Hydration / Snacks / Medication	
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Behaviour Policy	
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Buddy/Mentor	
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## 5. Reasonable Adjustments

*The school agrees to make reasonable adjustments to support  
will include*

*, which*

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## 6. Managing Flare-Ups / Emergencies

*If pupil becomes unwell at school:*

- **Emergency response:** Seek medical advice or emergency help if requested by the individual, as well as if symptoms are severe, unusual or worsening, or if there is loss of consciousness or a significant allergic reaction.

## 7. Medication & Medical Needs

*Include medications your child will need to take in school, either regularly or due to an increase in symptoms.*

<b>Medication/Dosage Effects</b>	<b>Storage/Administration</b>	<b>Timing</b>	<b>Notes/Side</b>
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## 8. Communication & Review

- Plan shared with: [Staff / SENCO / Teachers]
- Parent / Carer contact: [Name / Phone / Email]
- Health professional contact: [If applicable: Name / Phone / Email]
- Review date and responsible staff: [Date / Name/ Name 2]

*Instruction: Review termly or after significant health changes.*

## 9. Signatures / Agreement

Role	Name	Signature	Date
Parent/Carer			
School Representative /SENCO			
Pupil (if appropriate)			
Health Professional			

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