



**SAMPFORD PEVERELL PRIMARY SCHOOL**

**Mental Health Care Plan**

**MODEL POLICY & PROCEDURE**

**VERSION: JULY 2018**

This Policy was adopted by:

The Directors of Ventrus Multi Academy Trust

on 17/07/19 (date)

Signed by [Signature] Chair of Directors

Review Date..... Signed.....

Review Date..... Signed.....



## 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

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

Role of the parents/carers:	Role of school:

Any medication?

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Other information

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

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Is there a need for outside agency support?

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Plan developed with

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Staff training needed/undertaken – who, what, when

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Form copied to

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Signed (Parents):

Date:

Signed (School):

Date: