



NEAD Trust

Non Epileptic Attack Disorder

www.neadtrust.co.uk
admin.neadtrust.co.uk
57 Burton Street
Hillsborough
Sheffield
S6 2HH

Individual Healthcare Plan

Pupil Name:

Date of Birth:

School:

Head Teacher:

Parent / Guardian:

Parent / Guardian Tel:

Type of seizures experienced:

Symptoms:

Possible Triggers:

Procedure to follow after seizure:

Teacher responsible for Home – School Liaison:

Person responsible for Seizure reporting:

Addition Information: