



Bellevue Place

EDUCATION TRUST

**BPET Supporting Children with Medical Conditions Policy
including the Administration of Medicines**

This policy applies to all pupils in the school, including those in the EYFS

Signed:	
Chair of Trust Board:	Claire Delaney
Approved:	1 September 2023
Renewal period	Every 2 Years
Review Date:	September 2025

Contents

1. Bellevue Place Education Trust – our committment	3
2. Definition of “medical condition”	3
3. Policy implementation	4
4. Notification that a pupil has a medical condition	4
5. Procedure following notification that a pupil has a medical condition	4
6. Individual Healthcare Plans (IHP) – see Annex A.....	5
7. Reviewing Individual Healthcare Plans (IHP)	7
8. Staff training	7
9. Administering medication	7
10. Unacceptable practice	9
Annex 1 - Process for developing individual healthcare plans.....	10

Template A: Individual healthcare plan

Template B: Parental agreement for school/setting to administer all medicine

Template C: Record of medicine administered to an individual child–To be used with Template B

Template D: Record of medicine administered to all children

Template E: Staff training record – administration of medicines

Template F: Contacting emergency services

Template G: Model letter inviting parents to contribute to individual healthcare plan development

1. Bellevue Place Education Trust – Our commitment

Learn. Enjoy. Succeed.

Every BPET child and staff member enjoys a broad (LEARN) and enriched (ENJOY) learning experience, enabling them to achieve far greater individual success (SUCCEED) than they might previously have thought possible.

Our Mission

To grow hubs of like-minded, autonomous schools with a strong support network, all of which combine academic rigour with highly enriched opportunities that deliver a personalised approach to education and exceptional outcomes for all.

Our Difference

We are leading the way in delivering high quality education through skills-based and knowledge rich curricula, applying the best of the independent and state sectors to deliver breadth of opportunity and pupil enrichment. We empower all our schools as individual entities that best meet the needs of the communities they serve and have a strong relationship with families, who are our key partners in delivering the vision.

Our Promise

Every child is an individual. Our role is to nurture pupils' potential through a personalised approach to learning. BPET children are happy, independent, confident all-rounders. Our focus is ensuring an exceptional provision for all our children with supportive, accessible learning that enables every child to make progress, including high quality inclusion for children with Special Educational Needs. We encourage a 'be interested and be interesting' attitude in children and staff alike. We don't just teach; we want our pupils to have a passion to learn.

As a proprietor of one or more schools, Bellevue Place Education Trust has a legal duty to make arrangements for supporting pupils at the school with medical conditions. The board of Bellevue Place Education Trust has delegated this responsibility to the school.

The school has adopted this policy to set out the arrangements it has put in place for its pupils with medical conditions.

Overriding principles

Children and young people with medical conditions are entitled to a full education. The school is committed to ensuring that pupils with medical conditions are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We want all pupils, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting pupils with medical conditions to participate in school trips/visits and or in sporting activities

2. Definition of "medical condition"

2.1 For the purposes of this policy, a medical condition is any illness or disability which a pupil has. It can be:

- physical or mental

- a single episode or recurrent
- short-term or long-term
- relatively straightforward (e.g. the pupil can manage the condition themselves without support or monitoring) or complex (requiring on-going support, medicines or care whilst at school to help the pupil manage their condition and keep them well)
- involving medication or medical equipment
- affecting participation in school activities or limiting access to education

2.2 Medical conditions may change over time, in ways that cannot always be predicted.

3. Policy implementation

- a. The person with overall responsibility for the successful administering and implementation of this policy is the Headteacher.
- b. The Headteacher has overall responsibility for ensuring:
 - that sufficient staff are suitably trained to meet the known medical conditions of pupils at the school
 - all relevant staff are made aware of the pupil's medical condition and supply teachers are properly briefed
 - cover arrangements are in place to cover staff absences/turnover to ensure that someone is always available and on site
 - risk assessments for school visits, holidays and other school activities outside of the normal timetable are completed
 - individual healthcare plans are prepared where appropriate and monitored.

4. Notification that a pupil has a medical condition

- a. Ordinarily, the pupil's parent/carer will notify the school that their child has a medical condition. Parents/carers should ideally provide this information in writing addressed to the Headteacher. However, they may sometimes pass this information on to a class teacher or another member of staff. Any staff member receiving notification that a pupil has a medical condition should notify the Headteacher as soon as practicable.
- b. Pupils themselves may disclose that they have a medical condition. The staff member to whom the disclosure is made should notify the Headteacher as soon as practicable.
- c. Notification may also be received direct from the pupil's healthcare provider or from a school from which a child may be joining the school. The school may also instigate the procedure themselves where the pupil is returning to the school after a long-term absence.

5. Procedure following notification that a pupil has a medical condition

- a. The pupil's parents/carers will be contacted by the Headteacher, or someone designated by them, as soon as practicable to discuss what, if any, arrangements need

to be put into place to support the pupil following the notification that a pupil has a medical condition.

- b. Unless the medical condition is short-term and relatively straightforward (e.g. the pupil can manage the condition themselves without any support or monitoring), a meeting will normally be held to:
 - discuss the pupil's medical support needs
 - identify a member of school staff who will provide support to the pupil where appropriate
 - determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain
- c. Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on his/her own behalf, taking into account the pupil's age and understanding. Where this is not appropriate, the pupil will be given the opportunity to feed in his/her views by other means, such as setting their views out in writing.
- d. The healthcare professional(s) with responsibility for the pupil may be invited to the meeting or be asked to prepare written evidence about the pupil's medical condition for consideration. Where possible, their advice will be sought on the need for, and the contents of, an IHP.
- e. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, the Headteacher will exercise his/ her professional judgement based on the available evidence to determine whether an IHP is needed and/or what support to provide.
- f. For children joining the school at the start of the school year any support arrangements will be made in time for the start of the school term where possible. In other cases, such as a new diagnosis or a child moving to the school mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.
- g. In line with our safeguarding duties, the school will ensure that pupil's health is not put at unnecessary risk from, for example, infectious diseases. The school will not accept a pupil into the school at times where it will be detrimental to the health of that child or others.

6. Individual Healthcare Plans (IHP) – see Annex A

- a. Where it is decided that an IHP should be developed for the pupil, this shall be developed in partnership between the school, the pupil's parents/carers, the pupil and the relevant healthcare professional(s) who can best advise on the particular needs of the pupil. This may include the school nursing service. The local authority will also be asked to contribute where the pupil accesses home-to-school transport to ensure that the authority's own transport healthcare plans are consistent with the IHP.

- b. The aim of the IHP is to capture the steps which the school needs to take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education. It will be developed with the pupil's best interests in mind. In preparing the IHP the school will need to assess and manage the risk to the pupil's education, health and social well-being and minimise disruption.
- c. IHP's may include:
- details of the medical condition, its triggers, signs, symptoms and treatments
 - the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors or travel time between lessons
 - specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons or counselling sessions
 - the level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies; if a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
 - who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional and cover arrangements for when they are unavailable
 - who in the school needs to be aware of the pupil's condition and the support required
 - arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
 - separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
 - where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
 - what to do in an emergency, including whom to contact, and contingency arrangements; some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP
- d. The IHP will also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a pupil (regardless of whether they have an IHP) needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany a pupil taken to hospital by ambulance.
- e. Except in exceptional circumstances, or where the healthcare provider deems that they are better placed to do so, the school will take the lead in writing and updating the plan and ensuring that it is finalised and implemented.
- f. Where a pupil is returning to the school following a period of hospital education or alternative provision (including home tuition), the school will work with the local

authority and education provider to ensure that the IHP identifies the support the pupil will need to reintegrate effectively.

- g. Where the pupil has a special educational need identified in an Education Health and Care Plan (EHCP), the IHP will be linked to or become part of that EHCP.

7. Reviewing Individual Healthcare Plans (IHP)

- a. Every IHP shall be reviewed at least annually. The Headteacher (or someone designated by them) shall, as soon as practicable, contact the pupil's parents/carers and the relevant healthcare provider to ascertain whether the current IHP is still needed or needs to be changed. If the school receives notification that the pupil's needs have changed, a review of the IHP will be undertaken as soon as practicable.
- b. Where practicable, staff who provide support to the pupil with the medical condition shall be included in any meetings where the pupil's condition is discussed.

8. Staff training

- a. The Headteacher is responsible for:
 - ensuring that all staff (including new staff) are aware of this policy for supporting pupils with medical conditions and understand their role in its implementation
 - working with relevant healthcare professionals and other external agencies to identify staff training requirements and commission training required
 - ensuring that there are sufficient numbers of trained relevant staff available to implement the policy and deliver against all IHPs, including in contingency and emergency situations for both managing conditions and administering medication
- b. In addition, all members of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- c. The school has in place appropriate levels of insurance regarding staff providing support to pupils with medical conditions, including the administration of medication. Copies of the school's insurance policies can be made accessible to staff as required.

9. Administering medication

- a. No pupil will be given medication or access to a medical device without confirmation that this has been prescribed by the pupil's GP or other medical professional. The BMA state it is no longer a statutory requirement for medication to be prescribed by a doctor as pharmacists should be consulted first. Exceptions will only be made after discussion with the headteacher.
- b. A teacher/first aider may administer non-prescription medication provided that written consent (this includes Arbor consents) has been obtained in advance. This may include travel sickness pills, sun cream, hay fever medication or pain relief.

- c. If a pupil requires medicines or medical devices, such as asthma inhalers, blood glucose testing meters or adrenaline pens, in school it is vital that the parent/carer advises the school accordingly, so that the process for storing and administering medication can be properly discussed. Any staff delivering these medications should be trained to an appropriate level.
- d. The school will only accept medicines that are in-date, labelled, provided in the original container and include the original instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than its original container. Staff will check to ensure the name on the container matches the name of the child.
- e. Medicines will be stored securely and out of the reach of pupils; there is a facility to store medication in a refrigerator if required
- f. The medication must be accompanied by a complete written instruction form signed by the pupil's parent/carer. The school will not make changes to dosages labelled on the medicine or device on parental instructions.
- g. The pupil and staff supporting the pupil with their medical condition should know where their medicines are at all times and be able to access them when needed. The most appropriate method for storing medicines and medical devices will be discussed with the pupil's parent/carer but the school will ultimately decide the approach to be taken.
- h. Medicines are to be handed to the school office or class teacher on arrival to school. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision. Staff administering medication should do so in accordance with the labelled instructions. Staff who volunteer to assist in the administration of medication will receive appropriate training and guidance before administering medication.
- i. The school will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication will be noted. Parents/carers will be informed of the dose and time of all medicines administered.
- j. If a pupil refuses to take their medication, staff will not force them to do so, and will log the refusal in the record of administration of medication and inform the parent/carer of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- k. It is the parent/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- l. It is the responsibility of parents/carers to notify the school in writing if the pupil's need for medication has ceased or if the medication or dosage changes. When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles.

- m. School staff may need, from time to time to administer controlled medication (for example medication such as Ritalin for ADHD etc). There are strict regulations for the secure storage and administration of such medication and for record-keeping.

Further information can be found in the DfE [Supporting pupils at school with medical conditions](#) document section 21.

10. Unacceptable practice

Although the Headteacher and other school staff should use their discretion and judge each case on its merits with reference to the pupil's IHP, it will not generally be acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every pupil with the same condition requires the same treatment
- ignore the views of the pupil or their parents/carers or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP
- if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues; no parent/carer should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips

11. Complaints

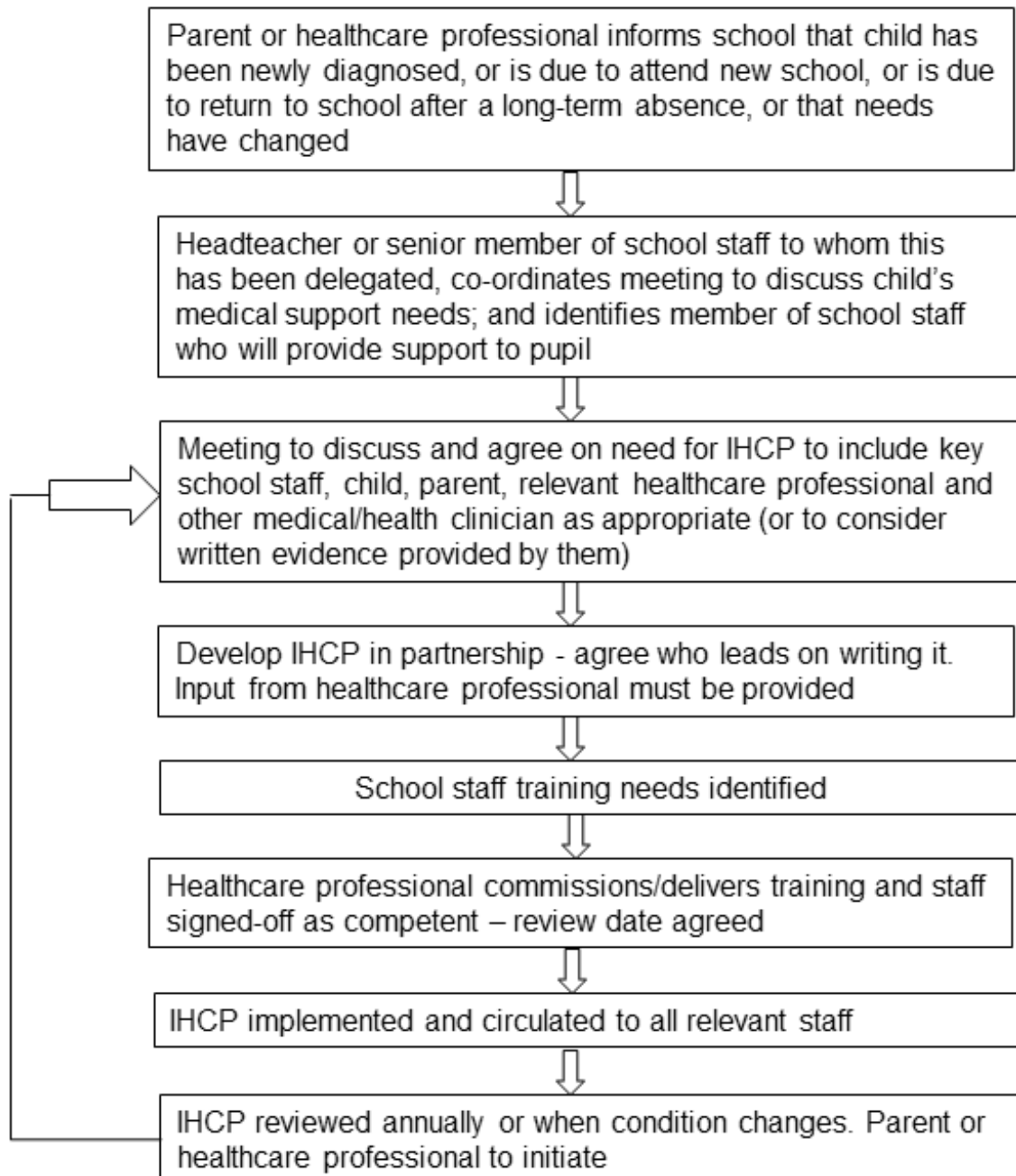
Complaints regarding this policy or the support provided to pupils with medical conditions should be raised under the school's usual complaints procedure.

12. Monitoring and Evaluation

The Trust will review this policy statement biennially and update it in consultation with key staff, in line with current best practice as s/he considers necessary.

Annex 1 - Process for developing individual healthcare plans

(Supporting pupils at school with medical conditions)



Template A1: Watling Park School individual healthcare plan for Asthma where no IHP has been provided by the GP – Watling Park School

Child's name	
Date of birth	Class
Medical diagnosis or condition	
Date	Review date

Family Contact Information

Name of emergency contact 1	1.
Phone no. (home/mobile)	
(work)	
Name of emergency contact 2	2.
Relationship to child	
Phone no. (home/mobile)	
(work)	

Clinic/Hospital Contact

Name and Role	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

Medical Condition:

Medication / Treatment

Medication in school: XXXXXXXX	Is spacer required? Y/N
Medication is kept: XXXXXXXX	
EMERGENCY MEDICATION	SALBUTAMOL

Triggers

Action

Deliver 2 puffs of salbutamol (blue inhaler) If ...

- Coughing or wheezing a lot
- Breathing hard and fast/Shortness of breath
- Unable to finish sentences



If no improvement give a further **2 puffs** of the blue inhaler **every 2 minutes** (up to **10 minutes**) until pupil feels better.



If no improvement after **10 puffs** or if you are worried at any time call **999** for an ambulance and inform emergency contact on details above.



If they are waiting for an ambulance for longer than 15 minutes, repeat process up to 10 puffs.

Follow up care

Daily care requirements

Arrangements for school visits/trips etc

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

This Care Plan has been written and agreed by the following and it can be shared on a need to know basis:

	<i>Print name:</i>	<i>Signature:</i>	<i>Date:</i>
<i>Parent</i>			
<i>School</i>			

Template A2: Watling Park School individual healthcare plan for anaphylaxis

Child's name	
Date of birth	Class
Medical diagnosis or condition	Severe allergic reaction (see below)
Date	Review date

Family Contact Information

Name of emergency contact 1	1.
Phone no. (home/mobile)	
(work)	
Name of emergency contact 2	2.
Relationship to child	
Phone no. (home/mobile)	
(work)	

Clinic/Hospital Contact

Name and Role	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Medical Condition:	Severe Allergic reaction to
---------------------------	-----------------------------

Signs and Symptoms

Any swelling to face, lips tongue or mouth, difficulty speaking, difficulty in breathing, raised urticarial rash, vomiting or collapse. (edit or add as required)

Medication / Treatment

(Edit as required):
1 bottle of PIRITON and 2 EPIPENS to be kept in school office.

Action

Treatment: Administer EPIPEN in upper outer thigh. EpiPen should be removed and kept safe and handed to paramedic on arrival.
Call an ambulance Message to be given - Child's name

Anaphylactic reaction
State require paramedic

If no improvement after 5 minutes administer second dose of EpiPen.

If no pulse or child stops breathing commence CPR

Follow up care

Child must go to A&E because relapse can occur within a few hours and/or further management may be required.

The administration of this medication is safe, even if it is given through misdiagnosis it will do no harm.

On arrival of the emergency services the staff member in charge will advise them of medication given.

After the incident a debriefing session will take place with all staff and parents involved.

How to administer medication – follow the instructions on the side of the box

Do

Grasp EpiPen in dominant hand, with thumb closest to **BLUE** safety cap.

With other hand pull off **BLUE** safety cap (fig 1)



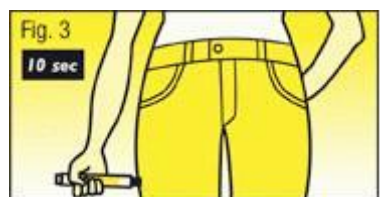
Hold EpiPen approximately 10cm away from outer thigh.

ORANGE tip should point towards outer thigh (fig 2)



Jab firmly into outer thigh so that EpiPen is at right angle (90) to outer thigh, through clothing if necessary.

Hold in place for 10 seconds (fig 3)



EpiPen should be removed and kept safe and handed to paramedic on arrival. If no improvement after 5 minutes administer second dose of EpiPen.

Patient must go to A&E because relapse can occur within a few hours and/or further management may be required.

Don't

Use EpiPen to practice emergency administration.

Remove **BLUE** safety cap until ready to use EpiPen.

Place fingers over **ORANGE** tip.

Attempt to inject into vein or buttocks.

Inject into extremities, as adrenaline causes local vasoconstriction.

Leave patient until paramedics arrive.

Daily care requirements

Arrangements for school visits/trips etc

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

This Care Plan has been written and agreed by the following and it can be shared on a need to know basis:

	<i>Print name:</i>	<i>Signature:</i>	<i>Date:</i>
<i>Parent</i>			
<i>School</i>			
<i>Specialist nurse</i>			
<i>Allergy specialist</i>			

Template A3: individual healthcare plan

Child's name	
Date of birth	Class
Child's date of Birth	
Medical diagnosis or condition	Severe allergic reaction (see below)
Date	Review date

Family Contact Information

Name of emergency contact 1	1.
Phone no. (home/mobile)	
(work)	
Name of emergency contact 2	2.
Relationship to child	
Phone no. (home/mobile)	
(work)	

Clinic/Hospital Contact

Name and Role	
Phone no.	

G.P.

Name	
Phone no.	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: .parental agreement for school/setting to administer all medicine

The school will not give your child medicine unless you complete and sign this form. Please return this form along with the medication to the school office.

Date for review to be initiated by	
Name of child	
Date of birth	Class
Medical condition or illness	

Medicines: Prescription only medications must be in the original container as dispensed by the pharmacy, with the pharmacy label stating child’s name. All medicines must be in-date, labelled, provided in the original container and include instructions for administration, dosage and storage.

1. Name/type of medicine <i>(as described on the container)</i>	1.
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
2. Name/type of medicine <i>(as described on the container)</i>	2.
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

Emergency Salbutamol Inhaler
Only to be completed for children diagnosed with asthma by a GP and are prescribed a salbutamol inhaler or an alternative reliever medication such as terbutaline.

In the event of my child displaying symptoms of an exacerbation of their asthma or the requirement of an inhaler, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school.
Signature:

Contact Details

Name	
Daytime telephone no.	
Relationship to child	

I understand that I must deliver the medicine personally to

Shona Belcher Or in her absence a First Aider
--

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/trust policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child – To be used with Template B

Name of child	
Class	
Date medicine provided by parent	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	See Consent for Medication form

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [add date].

Trainer’s signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Template F: contacting emergency services

A qualified first aider or another nominated person will dial 999 (or 112 from a mobile phone), ask for an ambulance and then speaking clearly and slowly and be ready with the following information:

1. The school/nursery telephone numbers: 0208 353 4249
2. The location as follows: Watling Park School, Pavilion Way, HA8 9YA
3. The postcode of the building where the ambulance needs to come to:
 - a. Enter School Postcode: HA8 9YA (sometimes listed as HA8 9ZA)
 - b. Give exact location in the school/nursery of the person needing help.
 - c. “What three words” location of Watling Park School kiss n’drop:
miss.sushi.honey
4. The name of the person needing help.
5. The approximate age of the person needing help.
6. A brief description of the person’s symptoms (and any known medical condition).
7. Inform ambulance control of the best entrance to the school/nursery and state that the crew will be met at this entrance and taken to the person in need of help.

Do not hang up until the information has been repeated back.

Please note that the person calling should be with the person in need of help, as the emergency services may give first aid instructions over the telephone.

Send a member of staff to wait at the entrance to guide the ambulance service to the person needing help.

Also, ensure that one or more of the following members of staff are informed that an ambulance has been called to the school: Headteacher/Deputy Head and Office Manager.

Ensure that the child’s parents/guardians have been contacted.

Never cancel an ambulance once it has been called.

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely