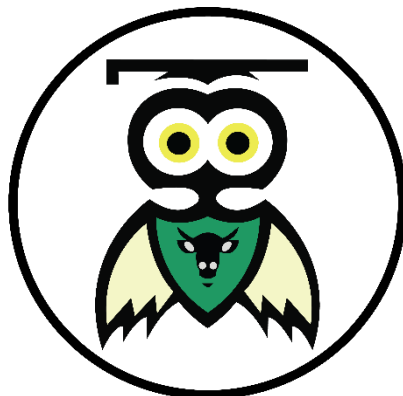




**Sutton Bonington  
Primary School**



# **Supporting Pupils with Medical Conditions Policy**

**Approved: March 2025  
Next Review: Spring 2026**



## **Sutton Bonington Primary School**

### **Supporting Pupils with Medical Conditions Policy**

This policy sets out how Sutton Bonington Primary School will work with parents, carers and health care professionals to ensure that pupils with medical conditions will be able to attend school, with support from education and health care staff, so that their medical condition does not interrupt their learning.

Our Policy is based on the Government Guidance, 'Supporting pupils at school with medical conditions'. Officers from our trust, the Equals Trust, have spoken with Nottinghamshire health practitioners in developing this policy so that it is suitable and compliant for a Nottinghamshire school.

The policy explains the different roles and duties for when a pupil has a medical condition that may need treatment or medication in the school day or may, on rare occasions, lead to an emergency situation. The policy provides descriptions of who does what, how plans are made, monitored and put into place so that children with medical conditions can continue learning and enjoying a good experience at school.

## **1. Introduction and Legislative Compliance**

1.1. This policy is written in line with the requirements of:

- Children and Families Act 2014, Section 100
- "Supporting pupils at school with medical conditions": statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE (updated December 2015). This replaces previous DfE Guidance (2005) on managing medicines in schools.
- [Guidance on the use of adrenaline auto-injectors in schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444444/guidance-on-the-use-of-adrenaline-auto-injectors-in-schools.pdf)
- [Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444445/guidance-on-the-use-of-emergency-salbutamol-inhalers-in-schools.pdf)

1.2. Some children with medical conditions may be considered to be disabled under the definition set out in the [Equality Act \(2010\)](#); where this is the case, all schools have duties towards individual disabled children and young people. They must make reasonable adjustments, including the provision of auxiliary aids and services required by disabled children and young people to prevent them being put at a substantial disadvantage.

1.3. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP). Where this is the case all schools in England **must** have regard to the [Code of Practice \(2015\)](#) as it provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations. Schools must fulfil their statutory duties towards children and young people with SEN or disabilities in light of the guidance set out. Those pupils with EHC Plans may have health provision set out in their Plan.

- 1.4. Therefore, this policy is connected to other Trust-wide and school policies: Inclusion Policy, SEND Information Report, Safeguarding Policy, Educational Visits Policy, Complaints Policy and the Health and Safety Policy.
- 1.5. The Proprietor of the Academy Trust has delegated responsibility for approving this Policy to the Governing Body of Sutton Bonington Primary School.

## **2. Definition of Medical Conditions**

- 2.1 Pupils' medical needs, both mental health and physical, may be broadly summarised as being of two types:

**Short-term** affecting their participation at school because they are on a course of medication.

**Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

## **3. Responsibilities of the Local Authority**

- 3.1 Local Authorities commission the Healthy Families service for maintained schools. Section 10 of the Children Act (2004) requires Local Authorities to promote co-operation with partners with a view to improving the wellbeing of children in the authority's area. This includes the well-being of children with medical conditions, including when they are in school.

- Local Authorities are also responsible, under section 19(1) of the Education Act 1996, for arranging suitable and (normally) full-time education for children of compulsory school age who live in the area of the Local Authority and who, because of exclusion, illness or other reasons, would not receive suitable education without such provision being arranged. This duty is often referred to as 'the s.19 duty'. Some pupils with medical conditions in school may be unable to attend school for a period that exceeds 15 days. When this happens the Local Authority has a duty to make arrangements for that pupil's education. The Government guidance, "Arranging education for children who cannot attend school because of health needs" is published by the DFE and available on gov.uk.

At Sutton Bonington Primary School the member of staff with responsibility for pupils with medical conditions will liaise with parents and with the school SENDCO where any pupil is confirmed by health practitioners to be unable to attend school for medical reasons.

#### **4. Responsibilities of the Board of Trustees**

- 4.1. The Board of Trustees is legally responsible for ensuring that schools in the Equals Trust fulfil their statutory duty for supporting pupils at school with medical conditions. They ensure that each school's *Supporting Pupils with Medical Conditions* policy, as written, does not discriminate on any grounds including, but not limited to ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 4.2. Handling complaints regarding the provisions of this policy is outlined in the Trust's Complaints Policy.
- 4.3. Subject to the delegation of responsibility from the Trust, the head teacher is responsible for:
  - 4.3.1. ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
  - 4.3.2. ensuring that relevant training is delivered to staff members who take on responsibility to support children with medical conditions.
  - 4.3.3. guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
  - 4.3.4. keeping written records of any and all medicines administered to individual pupils and across the school population.
- 4.4. The Trust retains responsibility for ensuring the level of insurance in place reflects the level of risk. The duty to ensure adequate insurance is stipulated in 2.37 of the [Academy Trust Handbook](#).

#### **5. Responsibilities of the Senior Leadership Team at each school**

- 5.1. The Headteacher is responsible for the day-to-day implementation of the *Supporting Pupils with Medical Conditions* policy and procedures of each school.
- 5.2. This responsibility is delegated to another member of the Senior Leadership Team in the event of the Headteacher's absence.
- 5.3. The Senior Leadership Team is collectively and individually responsible for:
  - Ensuring the policy is developed effectively with partner agencies
  - Making staff aware of this policy
  - Liaising with healthcare professionals regarding the training required for staff on a pupil by pupil basis through the Individual Health Care Planning process
  - Making staff who need to know, aware of a pupil's medical condition
  - Ensuring there is a robust process in place to alert and inform supply staff of the medical needs of the students they will be responsible for
  - Developing Individual Healthcare Plans (IHCPs) with parent carers and seeking the advice and support of the relevant health care professional, and ensuring an annual review, especially when the pupil's condition changes
  - Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and

emergency situations including in off-site activities. Risk assessments are put in place as required.

- Contacting the Healthy Families service and/or the designated specialist nurse in the case of any child who has a medical condition.

## **6. Responsibilities of the Local Authority School Nursing Team**

6.1 Local Authority School Nurses are responsible for:

- Notifying individual schools when a child has been identified with requiring support in school due to a medical condition
- Liaising locally with lead clinicians on appropriate support.
- Providing schools with training in the management of specific conditions and administering medicines.
- Ensuring regular and ongoing monitoring of arrangements where school staff undertake medical procedures compatible with the Nursing and Midwifery Council Delegation of Clinical Responsibility guidance<sup>1</sup> to nurses.
- Keeping the school informed about any changes to the medical condition of a child with an IHCP and the implications for the child when in school and the school's response.

Further details about the Nottinghamshire Healthy Families Team can be found online here: <https://www.nottinghamshirehealthcare.nhs.uk/healthy-family-teams>

## **7. Responsibilities of Staff Members at each school**

7.1. Nominated Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions as set out in the pupil's Individual Health Care Plan (IHCP).
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons and minimise the impact of a pupil's medical condition on the pupil's access to and engagement in learning.
- Administering medication according to the IHCP, if they have agreed to undertake that responsibility
- Undertaking training from qualified medical practitioners to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help and attending refresher training as advised by the nurse.

7.2 Staff will not administer injections or any treatment relating to registered drugs or invasive treatments without specialist training from a medical professional.

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<sup>1</sup> <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf>

## **8. Responsibilities of Parents and Carers**

8.1 Parents and carers of pupils with a medical condition and an Individual Health Care Plan, are responsible for:

- Keeping the school informed about any changes to their child / children's health
- Completing a *parental agreement for school to administer medicine* form before bringing medication into school
- Providing the school with the medication their child requires and keeping it up to date
- Collecting any leftover medicine at the end of the course or year
- Discussing medications with their child / children prior to requesting that a staff member administers the medication
- Co-producing an Individual Healthcare Plan (IHCP) for their child in collaboration with the school's nominated lead for Pupils with Medical Conditions, and the Special Educational Needs and Disabilities Coordinator (SENDCO), healthcare professionals and other staff members and (as appropriate).

## **9. Training of Staff**

- 9.1. Teachers and support staff will receive training on the *Supporting Pupils with Medical Conditions* policy as part of their induction.
- 9.2. Teachers and support staff will receive regular and ongoing training as part of their development.
- 9.3. Teachers and support staff who undertake responsibilities under this policy will receive individualised support and training from the School Nurse or Clinical Nurse Specialists regarding specific medical conditions e.g. Diabetes Nurse etc, as required for each child.
- 9.4. Advice and support will be sought from the Community Children's Nurse training team.
- 9.5. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering medication.
- 9.6. Staff will be trained in the administration of injections by a medical professional as necessary.
- 9.7. The Headteacher is responsible for quality assuring the upkeep of records of all training undertaken and a list of staff qualified to undertake responsibilities under this policy.
- 9.8. The nominated lead member of the senior management team will assume responsibility for the defined period for keeping IHCPs under review and ensuring timely reviews of the Plan according to the advice of the health care professional or the parent carer.
- 9.9. Where pupils have EHCPs or SEN Support Plans, the IHCP should be discussed at the annual review of the EHCP or the SEN Support Plan.

## **10. The Role of the Pupil**

- 10.1. If after discussion with the parent / carer / child (if appropriate) and any relevant specialist medical professionals, it is agreed that the pupil is competent to manage his/her own medication, s/he will be encouraged to do so. This will be reflected in their Individual Healthcare Plan (IHCP) as will monitoring support for the pupil by a nominated adult in school.
- 10.2. Where possible, pupils considered capable by their GP / Medical practitioner who require emergency medications such as adrenaline injectors ([Guidance on the use of adrenaline auto-injectors in schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/67111/guidance-on-the-use-of-adrenaline-auto-injectors-in-schools.pdf) or inhalers ([Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/67112/guidance-on-the-use-of-emergency-salbutamol-inhalers-in-schools.pdf), accessed 26/6/24) will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location; usually the main office in each school.
- 10.3. If pupils refuse or do not consent to take medication or to carry out or participate in a necessary procedure, parents will be informed so that alternative options can be explored.
- 10.4. Where appropriate, and if able, pupils will be encouraged to take their own medication (under supervision).
- 10.5. Where a pupil is supported by diabetic blood sugar monitoring by sensors linked to mobile phone apps, the pupil must carry their phone with them, and their use must be linked to clinical provision. Phones should not be confiscated, or their legitimate use sanctioned. All staff, including supply staff, should be aware of this issue.

## **11. Individual Healthcare Plans (IHCPs)**

- 11.1. Where a pupil needs an Individual Healthcare Plan (IHCP), it will be developed in collaboration with the pupil, parents / carers, Headteacher, SENDCO and medical professionals.
- 11.2. IHCPs will be easily accessible whilst preserving confidentiality.
- 11.3. IHCPs will be reviewed at least annually or when a pupil's medical circumstances change, whichever is sooner.
- 11.4. Where a pupil has an Education, Health and Care Plan (EHCP), the IHCP will be linked to it and considered at any review meeting.
- 11.5. Where a pupil is returning from a period of hospital education or alternative provision or home tuition for pupils who are ill, each school will work with the Local Authority and education provider to ensure that the IHCP identifies the support the pupil needs to reintegrate. However an IHCP is not a substitute for a structured re-integration plan and both documents may be needed in some cases.

## **12. Medicines**

- 12.1. Medicines should only be administered at school when it would be detrimental to a pupil's health not to do so.
- 12.2. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.

- 12.3. If this is not possible, prior to staff members administering any medication, the parents / carers of the child must complete and sign a *parental agreement for the school to administer medicine* form. This would be part of the IHCP for this pupil for which the administration of medicine may be the only issue.
- 12.4. No child will be given any prescription or non-prescription medicines by school staff without written parental consent except in exceptional circumstances.
- 12.5. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- 12.6. Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin, or auto-injectors, which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- 12.7. A maximum of four weeks supply of the medication may be provided to the school at one time.
- 12.8. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence and will be dealt with through the school behaviour policies.
- 12.9. Medications will be stored safely and in line with the instructions on the medicine. Medicines are stored in the office and in a fridge in the staffroom where refrigeration is required. No children are permitted to enter the office or the staffroom. Some emergency medication is kept close to the child at all times (for example Buccal Midazolam or EpiPens).
- 12.10. Any medications left over at the end of the course will be returned to the pupil's parents.
- 12.11. Written records will be kept of any medication administered to pupils. (See Appendix Template C)
- 12.12. Pupils will be given access to their medication when required and in-line with the medical directions.
- 12.13. The school where the pupil attends, and the Trust cannot be held responsible for any side effects which may occur when medication is taken correctly.

### **13. Emergencies**

- 13.1. Medical emergencies will be dealt with under each school's emergency procedures.
- 13.2. Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
- What constitutes an emergency (taking account of any advice from the parent and/or specialist health practitioner)
  - What to do in an emergency
- 13.3. Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher.
- 13.4. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents / carers arrive.

- 13.5. Where an individual Mental Health Crisis Plan is in place (from the NHS), it should be referred to for guidance in an emergency

#### **14. Day Trips, Residential Visits and Sporting Activities**

- 14.1. All pupils with medical conditions will be actively supported to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments; unless there is evidence from a clinician such as a GP that this is not possible.
- 14.2. Each school will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents / carers and relevant healthcare professionals and will be informed by Health and Safety Executive (HSE) guidance on school trips.
- 14.3. The insurance cover provider for trips and visits should be informed of any medical conditions to ensure that the appropriate cover is available (especially on overseas trips). Where there are significant health (including mental health) issues, cover may not be available. It should not be assumed that insurance cover is available.

#### **15. Other Issues for Consideration**

- 15.1. Where a pupil uses home-to-school transport arranged by the Local Authority and they also have a medical condition which is life-threatening, the pupil's Individual Healthcare Plan (IHCP) will be shared with the Local Authority. The LA Under 16 Home to School Transport Policy includes information on eligibility and arrangements where pupils' medical needs impact on their ability to get to school. <https://www.nottinghamshire.gov.uk/media/kilnbigg/2025-2026hometoschooltransportpolicyfinal.pdf>
- 15.2. All schools have an automated external defibrillator (AED) and staff training to use this device. The Headteacher should nominate a person to ensure the AED is maintained.
- 15.3. Where appropriate, and in accordance with [Department of Health guidance](#) (2014), the Headteacher may choose to hold asthma inhalers on site for emergency use. Where the School choose to hold asthma inhalers on site for emergency use, they must establish an asthma policy which should be written in line with: [Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](#) – see Annex B
- 15.4. Where appropriate, and in accordance with Department of Health Guidance ([Guidance on the use of adrenaline auto-injectors in schools \(publishing.service.gov.uk\)](#) (2017), schools may choose to hold additional emergency adrenaline auto-injectors on site for emergency use.

#### **16. Avoiding Unacceptable Practice**

- 16.1. The Trust and staff at each school understand that the following behaviour is unacceptable:
- Assuming that pupils with the same condition require the same treatment

- Ignoring the views of the pupil and/or their parents / carers
- Ignoring medical advice or opinion
- Sending pupils home frequently or preventing them from taking part in activities at the school
- Sending pupils to the medical room or Main School Office alone if they become ill
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition
- Making parents / carers feel obliged or forcing parents / carers to attend the school to administer medication or provide medical support, including toilet issues
- Creating barriers to pupils participating in school life, including school trips
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition
- Whilst posters outlining allergies/medical conditions etc are a vital safety tool to ensure all employees and supply staff are aware of risks to children, these should be shared or displayed discreetly to ensure only those who need to be aware of identifiable information have oversight.

## **17. Liability and Indemnity**

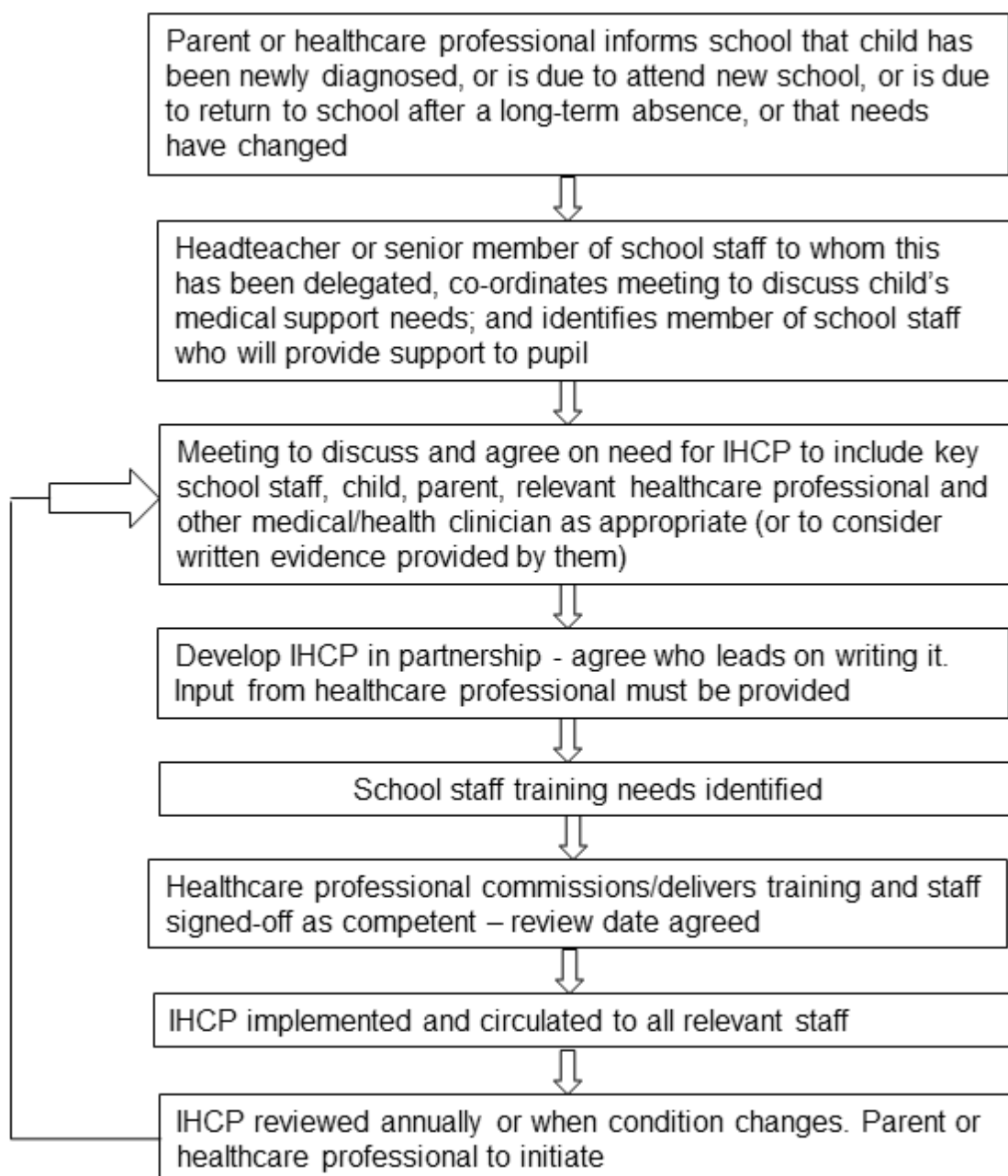
- 17.1. Teachers who undertake responsibilities within this policy are covered by the Trust's insurance in which they are employed.
- 17.2. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Headteacher of the school in which they are employed, in the first instance.

## **18. Complaints**

- 18.1. The details of how to make a complaint can be found in the Complaints Policy. The Policy can be found on the school website.

## Annex A: Model Process for Developing Individual Healthcare Plans

This flow chart is set out in the DFE statutory guidance for Pupils with Medical Conditions and relocated below in our School's Policy.



## ANNEX B - Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if an inhaler was taken inadvertently it is unlikely there would be any adverse effects,

- If school staff are assisting children or young people with their inhalers a consent form from the parent / carer must be in place. Individual care plans need only be in place if children have severe asthma which may result in a medical emergency.
- Inhalers **must** be readily available when children or young people need them. Children and young people should be encouraged to carry their own inhalers. If the child or young person is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered e.g. in small school inhalers may be kept in the school office.
- It would be considered helpful if the parent / carer could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
- All inhalers should be labelled with the child's / young person's name.
- Some children or young people, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
- School staff should take appropriate disciplinary action if the owner or other children and young people misuse inhalers.
- The parent / carer should be responsible for renewing out of date and empty inhalers.
- The parent / carer should be informed if a child or young person is using the inhaler excessively.
- Physical activities will benefit children and young people with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **must** be available during PE and games. If children and young people are unwell, they should not be forced to participate.
- If children and young people are going on off-site visits, inhalers **must** still be accessible.
- It is good practice for school staff to have a clear out of any inhalers annually (as a minimum). Out of date inhalers, and inhalers no longer needed must be returned to the parent / carer.
- Asthma can be triggered by substances found in school e.g. animal fur, glues, and hazardous substances. Care should be taken to ensure that any children and young people who reacts to these are advised not have contact with these.

## Template A: Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

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)

### 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 setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

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### Medicine

Name/type of medicine

*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

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**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

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I understand that I must deliver  
the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting 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

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

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

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Date

Time given

Dose given

Name of member of staff

Staff initials

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Dose given

Name of member of staff

Staff initials

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Time given

Dose given

Name of member of staff

Staff initials

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Template D: record of medicine administered to all children

Name of  
school/setting

| Date | Child's name | Time | Name of<br>medicine | Dose given | Any reactions | Signature<br>of staff | Print name |
|------|--------------|------|---------------------|------------|---------------|-----------------------|------------|
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## 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 [name of member of staff].

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**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1.      your telephone number
2.      your name
3.      your location as follows [insert school/setting address]
4.      state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5.      provide the exact location of the patient within the school setting
6.      provide the name of the child and a brief description of their symptoms
7.      inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8.      put a completed copy of this form by the phone

## **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 the arrangements and support that 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