

# Sun Hill Junior School

## Supporting Pupils with Medical Needs Policy

<b>Name of School:</b>	<b>Sun Hill Junior School</b>
<b>Name of Head teacher:</b>	<b>Sue Griffiths</b>
<b>Date Policy approved and adopted:</b>	
<b>Amended:</b>	<b>16.09.2021</b>
<b>Date Due for review:</b>	<b>16.09.2024</b>

### Introduction

Section 100 of The Children and Families Act 2014 places a duty on the **board of trustees** of this school to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children will medical conditions, in terms of both their physical and mental health, 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.

It is our policy to ensure that all medical information will be treated confidentially by the Head teacher and staff. All administration of medicines is arranged and managed in accordance with this Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

The Head Teacher at Sun Hill Junior gives permission for staff to administer medicines or pupils to self-administer medicines when permission has been given by a parent or guardian in writing.

## Key Roles & Responsibilities

**Statutory Requirement: The MAT Board of Trustees should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.**

The **Board of Trustees** is responsible for making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The **Head teacher** should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Head teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Head teachers have overall responsibility for the development of individual healthcare plans in conjunction with the school SENCo. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

**Teachers and Support Staff** may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The **School Link Nurse** is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

## Local Arrangements

### Identifying children with health conditions

**Statutory Requirement: The MAT Board of Trustees will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.**

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly and this will be issued to all parents annually and to all new starters.

As the vast majority of our children come from Sun Hill Infant School, we work closely with their staff to ensure a smooth transition and thorough sharing of information and practice.

If circumstances change or a child has a long period of absence and is then reintegrated into school then a new questionnaire will be sent home to ensure that the school has the most recent information to support the child.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

### Individual health care plans

**Statutory Requirement: The MAT Board of Trustees will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.**

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the Special Educational Needs Co-ordinator (SENCo) to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The SENCo will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by the DfE to record the plan unless a plan has been already been produced and agreed by a healthcare professional and the SENCo.

If a child is returning following a period of hospital education or alternative provision (including home tuition), then we will work with The Perins MAT and Hampshire County Council to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

**Statutory Requirement: The MAT Board of Trustees should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.**

All plans will be reviewed at the start of the academic year on an annual basis.

**Statutory Requirement: When deciding what information should be recorded on individual healthcare plans, the board of trustees should consider the following:**

- 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 eg crowded corridors, 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, 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 child is self-managing their medication, this should 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 child'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 child's condition and the support required;
- arrangements for written permission from parents and the head teacher 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 child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- 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 individual healthcare plan.

#### **Staff training**

**Statutory Requirement: The MAT Board of Trustees should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.**

**The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.**

**Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)**

All new staff will be inducted on the policy when they join the school through the usual staff induction methods. Records of this training will be maintained by The Perins MAT.

All nominated staff will be provided with training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This policy is issued to staff every year or following a review.

The administering medication in school online training will be provided to staff annually as part of our Health and Safety training. We will retain evidence that staff have been provided the relevant awareness training by running a report from the MAT online training system. For required members of staff we may also utilise other online training courses for specific conditions and a record of these will be kept in the school office

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and

confidence in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff training record– administration of medicines' report will be completed to document the type of awareness training undertaken, the date of training and the provider of the training.

### **The child's role**

**Statutory Requirement: The MAT Board of Trustees will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.**

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing taking their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children have access to their own asthma devices held within a suitable container for each class to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

### **Managing medicines on School Premises**

**Statutory Requirement: The MAT Board of Trustees will ensure that the school's policy is clear about the procedures to be followed for managing medicines.**

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'Parental approval for administering medicines in school' form will be used to record this), except in exceptional circumstances where the medicine has

been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system within the school Medial Tracker system is in place to record all medicines received in the premises.

The name of the child, dose, instructions, expiry and shelf life dates will be checked before medicines are administered.

A record of medicines administered or self-administered will be completed using the online medical tracker system on a tablet device or school desktop computer or within the classroom on a "pupil medication administered" paper form.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Children who are able to use their own inhalers themselves are encouraged to keep it within their classroom medicines box which they have access to. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that they have access to the medication to support the child when they need it.

**Controlled drugs** will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication (such as insulin for diabetes). This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on request from the parent and with the completion of an administration of medicines consent form and if they are in clearly identifiable packaging with clear instructions and only on a short term basis (Where the school have concerns they will seek further guidance from their link School Nurse).

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents when medicine has been administered.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location in a named class medicines box but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

### **Storage**

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in a refrigerator in the medical room in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know which adult holds the key or who has access to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children in a classroom medicines box and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

### **Disposal**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.



Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through an external agency who will remove them from site quarterly.

### **Medical Accommodation**

The medical room will be used predominantly for medical administration/treatment purposes but other suitable areas can be used when required. The location/room will be made available when required.

The exception to this is the administration of asthma inhalers or epi-pens which are kept in the class in a secure unlocked box clearly marked and accessible.

### **Record keeping**

**Statutory Requirement: The MAT Board of Trustees should ensure that written records are kept of all medicines administered to children.**

A record of medicines to be administered including how much and when, will be recorded on a 'Administration of Medicines & Treatment Consent form'. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Any medicines administered are recorded within the medical tracker system or if pupils are out of school on a paper "administering medicines" form which are kept in the first-aid room, class medicine boxes and trip medication bags and will then have information transferred to Medical Tracker.

### **Emergency Procedures**

**Statutory Requirement: The MAT Board of Trustees will ensure that the school's policy sets out what should happen in an emergency situation.**

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. Informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

### **Day trips/off site activities**

**Statutory Requirement: *The MAT Board of Trustees should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.***

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough

flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

#### **Procedure for day trips/off site visits**

- All medicines for each class off-site are the responsibility of the class teacher, the routine responsibility can be passed to another member of staff but overall responsibility still stays with the class teacher
- The class teacher must ensure that all medication which is required for their pupils during their time out of school is collected from either the locked medicine cupboard in the first-aid room or from their medicine box in their classroom prior to leaving the school.
- All medication must be signed out from the school office (**APPENDIX A**) ensuring that the name, expiry dates and administration instructions are checked before leaving.
- AT NO TIME SHOULD A CHILD HAVE THE RESPONSIBILITY OF LOOKING AFTER THEIR OWN MEDICINES, THE ONLY EXCEPTION TO THIS ASTHMA INHALERS WITH PARENTAL PERMISSION IF THEY CAN NOT BE KEPT IN THE CLASS MEDICINE BOX
- The administration of medicines while out of school must be recorded on the off-site administration of medicines form (**APPENDIX G**) and counter-signed by 2 members of staff.
- A member of staff should be assigned to pupils where their condition requires emergency intervention to ensure someone is always on-hand to administer the required medication.
- The administration of medicines form must be returned to the school office after the trip, 1 copy to be included in the "trip pack" and 1 for office records. Use of medicine should then be logged on medical tracker pupil record.

#### **Other issues**

**Home-to-school transport** – Although the commissioning and organisation of this is the responsibility of the local authority. The school believes that providers may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations and therefore the school will share plans with providers as long we have parent permission to do this.

**Defibrillators** – sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Schools are advised to consider purchasing a defibrillator as part of their first-aid equipment. If schools install a defibrillator for general use, they should notify the local NHS ambulance service of its location. Alresford Town Council have fitted a defibrillator to the school gate which can be accessed in an emergency.

**Asthma inhalers** – Schools are able to hold asthma inhalers for emergency use. There are currently two in school available at all times.

**Epi-pens** - Schools are able to hold an epi-pen for emergency use. There is currently one in school available at all times which is for joint use by Sun Hill Junior School and The AYA for emergency use.

#### **Unacceptable practice**

**Statutory Requirement: The MAT Board of Trustees will ensure that the school's policy is explicit about what practice is not acceptable.**

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; 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 individual healthcare plans;
- if the child 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, eg. 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, or otherwise make them feel obliged, to attend school to administer medication (if permission has been given to the school to administer) or provide

medical support to their child, including with toileting issues. No parent 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 eg. by requiring parents to accompany the child.

#### **Liability and Indemnity**

**Statutory Requirement: The MAT Board of Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.**

Staff at the school are indemnified under the Perins MAT self-insurance arrangements.

The County Council is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

#### **Complaints**

**Statutory Requirement: The MAT Board of Trustees will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.**

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

<b>Signature of Responsible</b>	
<b>Manager/Headteacher:</b>	
<b>Date:</b>	

## APPENDIX A

## MEDICATION TRACKING FORM (Logging medicines coming in and out of school)

[illegible]

## Appendix B: Individual Healthcare Plan

<b>Health Care Plan</b>
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<b>Name of School/Setting</b>	
<b>Name of Child</b>	
<b>Group/Class/Form of Child</b>	
<b>Date of Birth of Child</b>	
<b>Address of Child</b>	

<b>Medical Diagnosis/Condition</b>	
<b>Date</b>	
<b>Review Date</b>	

<b>Name of Family Contact</b>	
<b>Relationship of Family Contact</b>	
<b>Contact's Home Telephone No.</b>	
<b>Contact's Work Telephone No.</b>	
<b>Contact's Mobile Phone No.</b>	

<b>Clinic/Hospital Contact Name</b>	
<b>Telephone No.</b>	

<b>Name of GP</b>	
<b>GP's Telephone No.</b>	

**Describe child's medical needs and provide details of child's symptoms**

**Daily care requirements eg. before sports, at lunchtime etc**

**Describe what constitutes an emergency for the child and action to be taken if this occurs**

**Follow-up care**

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

**Form copied to:**

## Appendix C: Parental Agreement for Setting to Administer Medicine

### PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

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

Date for review to be initiated by	School Office (if applicable)
Name of school	Sun Hill Junior School

Name of child	
Date of birth	
Class name	
Medical condition or illness	

<b>Medicine</b>	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about	
Self-administration : yes/no	
Procedures to take in an emergency	

**MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY CLEARLY LABELLED WITH PUPILS NAME AND DISPENSING INSTRUCTIONS AND DATE**

<b>Your Contact Details</b>	
Name	
Daytime telephone number	
Relationship to child	
Address	

**I understand that I must sign-in this medicine personally to the School Office**

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 policy. I will inform the school immediately, in writing if the medicine is stopped. Should the dosage or frequency change I will arrange for a replacement ensuring the dispensing instructions match the instructions given to school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

H:\Officeshare\Health & Safety\Supporting Pupils with Medical Needs



## **Appendix D: 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

## APPENDIX E

### Health Questionnaire

#### Please complete the questionnaire below and return it to school

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child's health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child's health with the School Nursing service or another health professional who is involved in your child's care.

Name of child ..... Date of Birth .....

Home Address.....

Does your child have a medical condition/ health concern?

YES ☐ NO ☐

If YES please give details

Does your child have a medical condition/health concern that needs to be managed during the school day?

YES ☐ NO ☐

If YES please give details

Does your child take medication during the school day?

YES ☐ NO ☐

If YES please give details

Does your child have a health care plan that should be followed in a medical emergency?

YES ☐ NO ☐

If YES please give details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child's care.

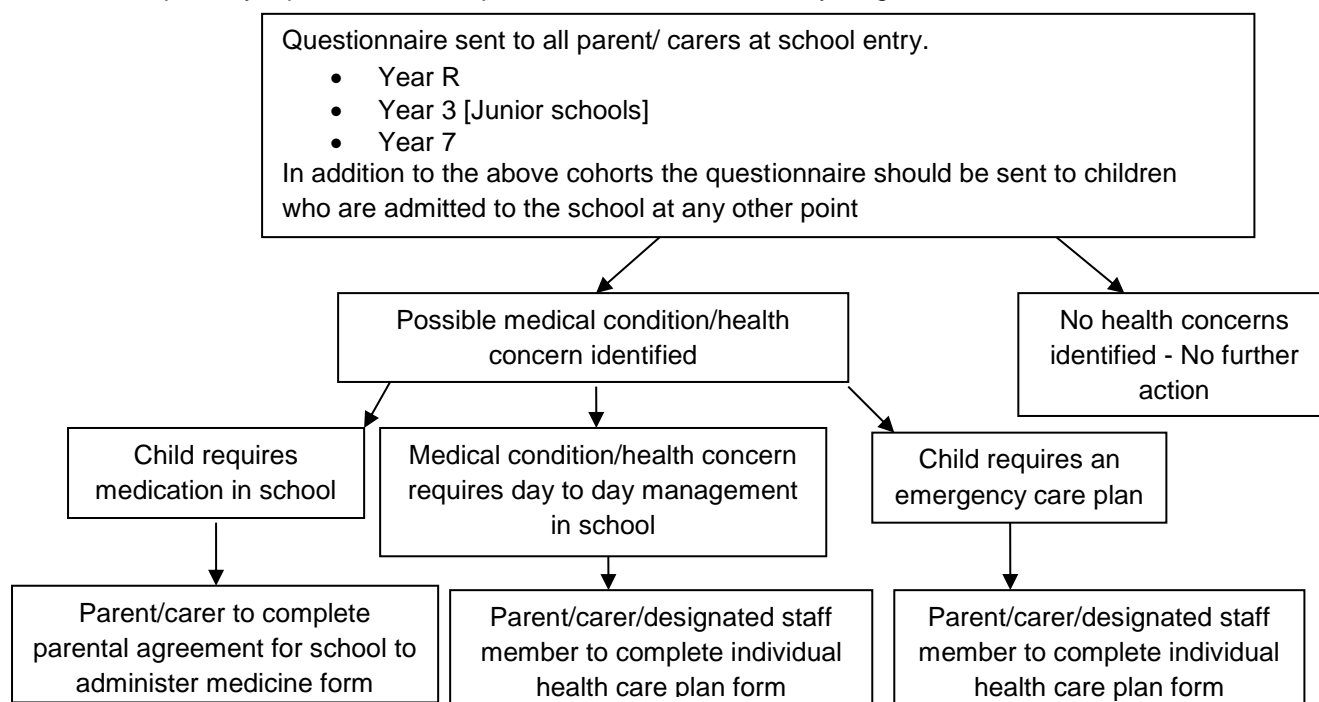
Signature(s) \_\_\_\_\_ Print Name \_\_\_\_\_  
[Parent/ Carer with parental responsibility]

Date \_\_\_\_\_ Contact number \_\_\_\_\_

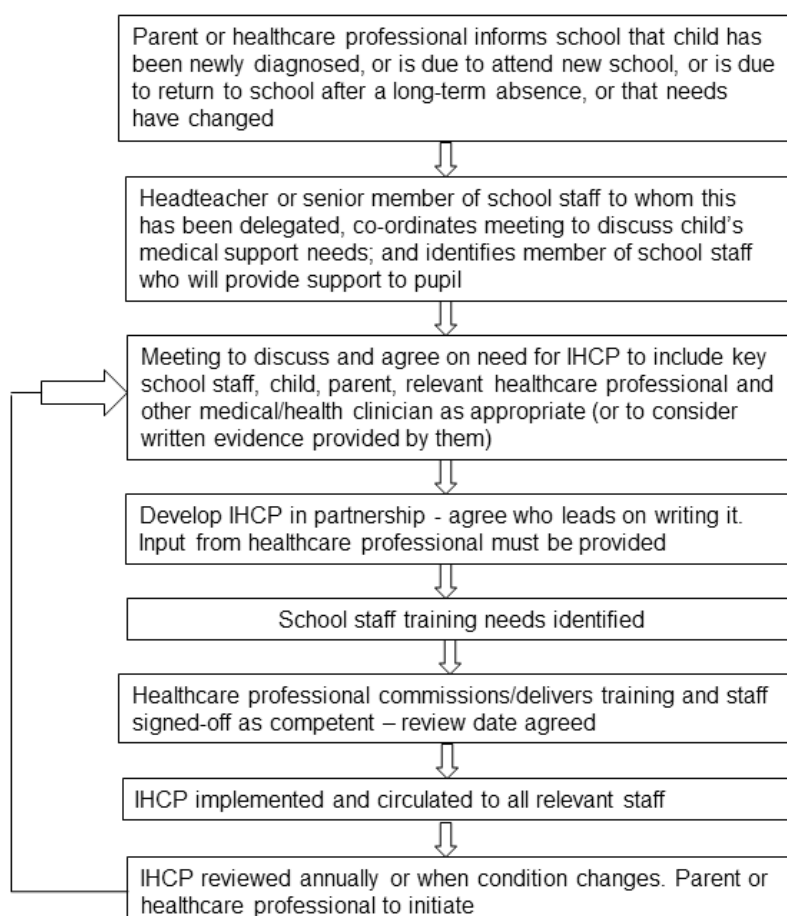
## APPENDIX F

### Suggested process for identifying children or young people with a medical condition that may require support in school

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.



Please see sample flowchart below from the Supporting pupils with medical conditions guidance



## Appendix G

Pupil Medication Administered

Term .....

Class .....

[illegible]