Colliers Green CofE Primary School

Colliers Green, Cranbrook, Kent. TN17 2LR

Document Control Sheet

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Date:	**Summary of Changes:**
July 2024	Policy updated with current details.
July 2026	Significant revisions separating out section on administering medicine.

Supporting children in school with medical needs and the administration of medicines in School Policy.

At Colliers Green Primary, we will help to ensure that children with medical conditions can:

- Be healthy;
- Stay safe;
- Enjoy and achieve.

The school policy ensures that all staff understand their duty of care to children. In particular, staff understand their duty in the event of an emergency, and know what to do when one occurs. The school aims to manage and understand all its pupils' medical conditions to the best of its ability, knowing that some are potentially life threatening. It understands the importance of medication and care as directed by healthcare professionals and by parent(s) or carer(s).

The Legal and Contractual Position

Schools have a statutory duty to support pupils with medical conditions under section 100 of the Children and Family Act 2014. The Department of Education documents, 'Supporting Pupils at School with Medical Conditions' and 'Statutory Framework for the Early Years Foundation Stage' explain the legislative requirements and good practice guidance with regards to medicine management in schools. The purpose of this document is to outline Colliers Greens policy and related procedures for the management and administering of medicines.

A child's mental and physical health should be properly supported in school, so that the pupil can play a full and active role in school life, remain healthy and achieve their academic potential.
The administration of medicines is primarily the responsibility of parents and carers. Wherever possible, medicine should be given to children before or after school. If children require medication for infections and illnesses, it is appropriate for the school to ask if the child should be attending school due to the possibility of spreading infections to others.

By implementing this policy, we intend to achieve the following objectives:

- To safeguard the health and wellbeing of pupils and enable regular attendance for pupils who require medicines during the school day
- To set expectations and standards for the management and administering of medicines in school.
- To identify roles and responsibilities with regards to medicine management
- To take account of statutory responsibility and ensure staff work in compliance with legislation.
- To provide staff and parents with guidance and information
- To reduce the risk of medication errors occurring.

1. Supporting pupils with medical needs

1.1 Procedure to be followed when notification is received that a pupil has a medical condition:

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Colliers Green Church of England Primary School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In cases other cases, such as a new diagnosis or a child moving to the school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be 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 in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Colliers Green Church of England Primary School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Headteacher or representative, and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers by the SENCO.

1.2 Individual healthcare plans

Individual healthcare plans will help to ensure that Colliers Green Church of England Primary School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases

where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Colliers Green Church of England Primary School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Colliers Green Church of England Primary School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Template A provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil. Template G provides a model letter inviting parents to assist with development of the plan.

1.3 Roles and responsibilities

The **school** can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.
Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy)

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.
Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, The local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) education for children with health needs who cannot attend school
Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

1.4 Staff training and support

See First Aid policy for current first aiders. Named staff have also received training for positive handling.
Template E will be used to record staff training for administration of medicines and /or medical procedures.

Any training needs will be identified during the development or review of the individual healthcare plan. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The SENCO may seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

1.5 The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.
Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in name which room to ensure that the safeguarding of other children is not compromised. The school also recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

2. Administering Medicines in School.

2.1 Guidelines for Parents/Carers

- Parents are asked, if possible, to notify the school before sending in medication, this can be done by voicemail/email or Studybugs.
- Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
- Where possible, the need for medication to be administered at school should be avoided, Parents/carers are therefore (if they are able) asked to arrange the timing of doses accordingly.
- Medicines will only be administered if written parental consent is provided.
- Parents/Carers have the responsibility to dispose of any unused or expired medication.
- Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Parents are responsible for completing the necessary paperwork e.g. request for administration of medication.

  Parents who do not provide this support should be aware that we may not be able to fully support their child's medical condition in school.

2.2 Prescription Medicines.

Prescription medicines (if agreed by the school) should be received from and returned to a **responsible adult only (not an older sibling).** A form should be completed by the parent to consent to the school staff administering medication

Labelled medicine should normally be received and returned **Daily.**

Parents of pupils requiring medicine daily on a long term-basis should make arrangements with the school.

It is the responsibility of the parent to provide medicine, which is:

- Clearly labelled in its original container
- Clearly labelled with the child name (i.e. prescriptions only)
- Clearly labelled with the child's date of birth
- Clearly labelled with the dose required.
- Prescribed by a doctor.

Written instructions should be received from the parent or carer and medicine should not be administered without these.
Template B is used for parental agreement allowing the school to administer medicine.
Template C can be used to record the dosage of the medicine to the child.

2.3 Non-prescription Medication.

Non-prescription medicines will not be administered without written consent from the parent of the pupil. (this could initially be by email or study bugs)

- All non-prescription medicines must be in date and supplied in their original packaging and container with manufacturer's guidance leaflet included. Staff will consider guidance from the manufacturer and parents before administering medicines.
- Please label all non-prescribed medicines with your child's name. Please ensure that you sign the consent form at the end of the day.
- Non-prescription medicines, e.g., for pain relief, should not be administered without first checking maximum dosages and when the previous dose was taken.
- A child under 16 should **never** be given medicine containing **aspirin** unless prescribed by a doctor.

Please Note: We are unable to administer homeopathic or herbal medicines without specific instructions from a medical professional.

Any member of staff giving medicines should check:

1. Child's Name
2. Prescribed dose
3. Expiry date
4. Any other written instructions (as provided by prescriber)

If in any doubt staff should check with parent or health professionals before being taking further action. If staff has any concerns administering medicine to a particular child the issue should be discussed with Headteacher, Senco, parent or health professional.

Template D can be used to record administration of pain relief such as paracetamol (Calpol) or ibuprofen (Nurofen).

2.4 Ensuring the correct dosage is given to the right child

- The identified member of staff (agreed) who will administer medicines will also be responsible for ensuring that all doses are recorded on the permission list. This list will record the name of the child, the date when administered, the time when administered, the name of the medicine, the dosage given and they will record their signature.
- The school should **never** accept medicines that have been taken out of the container as originally disposed, nor make changes to dosages on parental instructions.
- No child under 16 should be given medicines without their parents' consent either written or signed on a medical plan.

2.5 Storage Arrangements.

Medicines should be stored in a secure location **(in school office).** Medicines that require refrigeration should be stored, clearly labelled in a sealable plastic container in the refrigerator. (**The fridge is in the kitchen of the main classroom block)**
Children should know where their own medicines are stored.

2.6 Asthma Inhalers

School staff are aware that, although it is a relatively common condition, asthma can develop into a life-threatening situation.
Children who have asthma **will not** have an Individual Healthcare Plan unless their condition is severe or complicated with further medical conditions
Where parents or carers inform the school of the need of asthma inhalers and spacers to be used by pupils, the inhaler will be kept with the child in class.
Inhalers should always be self-administered by all pupils. (Younger children may be given support to hold inhalers or spacers where necessary by the identified member of staff, but the administration must be completed by the pupil).
Pupils should have immediate access to inhalers. Although inhalers may be misused, the risks associated with delay in access are much greater than those of misused by pupils. For this reason, older students should keep their own inhaler with them and for younger children it would be appropriate for inhalers to be given to the class teacher.
If pupils are having trouble in managing their inhalers their parents and the school nurse should be informed so that they can act to support the child in the correct use of an inhaler.

The school keeps a spare asthma inhaler in the school office, for use in an emergency.

2.7 Other medical procedures

From time to time other medical procedures may be required to be carried out for pupils who have complex medical needs e.g. insulin injecting diabetics, those requiring epi-pens etc. Teaching and non-teaching staff may volunteer to undertake these medical procedures. Appropriate training will need to be given to these staff who volunteer to undertake the task.

2.8 Sending children home due to illness.

- The class teacher and office staff will make a decision (sometimes in consultation with the parent) as to whether a child should be sent home, and the office will then contact a parent or carer and arrange for the child to be collected.
- The school follows National Health Service Guidance [http://www.nhs.uk] on the length of time a child is required to stay home after a contagious illness. We recognise the importance of protecting all children from infection, particularly those with reduced immunity and/or heightened risk due to a medical condition.

2.9 Emergencies

All staff should know how to call the emergency services (999) and know who is responsible for carrying out first-aid and administering of medication in the school. A pupil who is required to be taken to hospital by ambulance should always be accompanied by their parent or a member of staff who should remain until the parents/carers arrive.

Where a child has an individual healthcare plan, this should 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.

In the office for **Emergency** use, we have a **Life vac** which is a lifesaving apparatus developed for resuscitating a choking victim. Instructions for use are in the office, all staff will be advised to become familiar with said instructions. www.lifevac.co.uk

There are adrenaline injecting devices located in the school office for use in the event of a child suffering from an anaphylactic allergic reaction. There are two pens to be used depending on the age of the child. See allergy and allergic response policy for more information.

Template F should be used if the emergency services are called.

2.10 Defibrillator

At Colliers Green we also have **An Automated External Defibrillator** (AED or 'defibrillator') this is a machine that is placed externally on the body and is used to give an electric shock when a person is in cardiac arrest i.e., when the heart suddenly stops pumping blood around the body. Modern defibrillators are simple and safe to operate and use. Once attached, the defibrillator will automatically analyse the individual's heart rhythm and, if required, apply a shock to restart it or advise that CPR should be continued. The DofE has supplied schools in England with Mediana A-15 defibrillators. The Mediana A-15 has both visual and voice prompts to guide the rescuer through the entire process from when the device is first opened.
All our First Aiders have been trained in the use of the defibrillator.

2.11 First Aiders

At Colliers Green we have trained first aiders in each classroom, they are trained in Full Paediatric First Aid and Emergency First Aid at work. These qualifications are valid for three years. See First Aid policy.

- Staff keep an accident book where all significant accidents are recorded.
- A full list of all trained First Aiders is available in the office.
- First Aid kits are also available in the school office and in each classroom.
- Any child who suffers an accident involving their head will be given a printed bump letter to take home at the end of the day in order to inform parents/carers.

2.12 Record Keeping

Parents should tell the school or setting about the medicines their child needs to take. They should provide details of any changes to the prescription or support required.
For all medicines administered written records must be kept each time medicines are given and parents should be informed of the time it was given (see templates B and C). Parents should always be informed if their child has been unwell at school.

2.13 Educational Visits

A risk assessment for educational visits should include a section on medical needs and medicines to be taken. Staff should allocate a designated person.
A copy of any individual health care plans should also be taken. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely
Staff to ensure that all necessary medicines e.g. inhalers are clearly labelled and taken on the trip.

2.14 Disposal

Staff should not dispose of medicines. Parents are responsible for ensuring expired medication is returned to the pharmacy.
Sharp boxes should be used to dispose needles.
Sharp boxes can be obtained by parents from their GP.
Collection and disposal of sharp boxes should be arranged with local authority's environmental services.

2.15 Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infections. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of equipment.

2.16 School Medical Register

We keep a centralised register of all children with medical needs. This can be found in the office and the office staff have responsibility for keeping the register up to date.

2.17 Data protection

We will only share information about a child's medical condition with those staff who have a role to play in supporting that child's needs. In some cases, e.g. allergic reactions it may be appropriate for the whole school to be aware of the needs. In other cases, e.g. toileting issues, only certain staff involved need to be aware. We will ensure we have written parental permission to share any medical information.

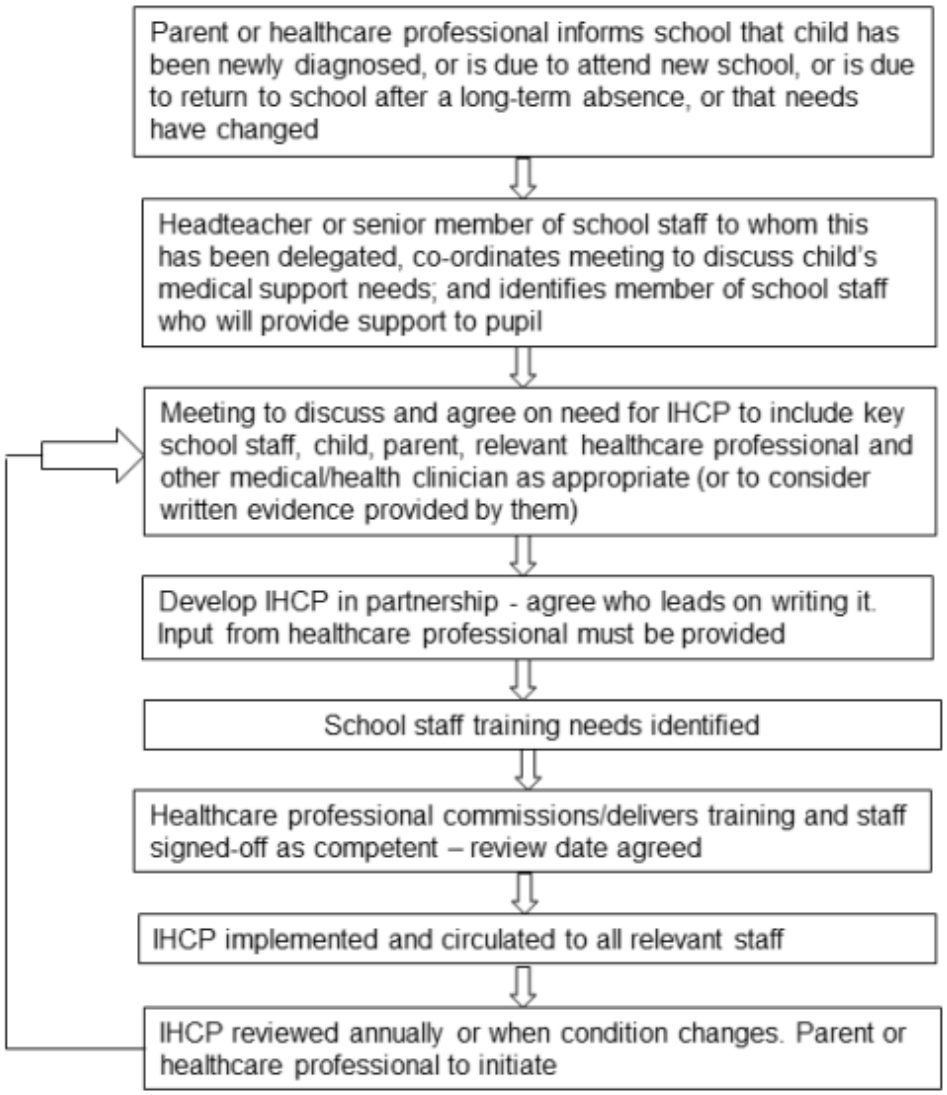
2.18 Further Information

This policy should be read alongside our broader school policies on the equality and inclusion of all learners and our policy on safeguarding and well-being– both available on the school website.

This policy has been developed following the guidance on Supporting Pupils at School with Medical Conditions, issued by the Department for Education:

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical -conditions- Any updates to this guidance will be sought and incorporated into the policy in future.

Annex A: Model process for developing individual healthcare plans



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	

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	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
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			

C: Record of medicine administered to an individual child (Continued)

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 D: record of medicine administered to all children

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

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 (02580 211335)
2. your name
3. your location as follows: Colliers Green Primary School, Colliers Green Road, Cranbrook, TN17 2LR
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 what support the 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