



# RAINHILL HIGH SCHOOL

## MEDICAL CONDITIONS POLICY





**RAINHILL  
HIGH SCHOOL**

# MEDICAL CONDITIONS POLICY

<b>STATUS</b>	
<b>RESPONSIBLE COMMITTEE</b>	
<b>APPROVAL DATE</b>	JULY 2022
<b>RENEWAL DATE</b>	JULY 2023



SCHOOLS IN PARTNERSHIP

**STEPHENSON**

MULTI ACADEMY TRUST

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## **1. Definitions of Medical Conditions**

Pupils' medical needs 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 pupil's feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy and the individual healthcare plan will become part of the EHCP.

**The aim of the Policy is to enable regular attendance at school and to ensure that children feel safe and have their needs met.**

The person responsible for students with a medical condition – **Rob Owens (Chief Operating Officer & Head of Health & Safety)**

The person responsible for students with a special educational need – **Wendy Segal (Deputy Headteacher) & Danielle Parry (SENCO)**

## **2. The Statutory Duty of the Proprietor**

The proprietor remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The proprietor of Rainhill High School will fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy, as closely as possible, the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions; should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because reasonable adjustments for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases and reserve the right to refuse admittance to a child at times where it would be detrimental to the health or education of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications are received that a pupil has a medical condition);

- Ensuring that the policy covers the role of individual healthcare plans and states who is responsible for the development in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported; how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situations (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips, visits and in sporting activities and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions (see section on complaints).

### **3. Policy Implementation**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Proprietor. The Proprietor has conferred the following functions of the implementation of this policy to the staff below, however, the Proprietor remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to Mr Owens Chief Operating Officer). He will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The school will be responsible in conjunction with parents/carers, for co-ordinating the drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

#### **4. 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 a pupils' needs change. For children being admitted to Rainhill High School for the first time, with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Rainhill High 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 actively promote pupils with medical conditions to participate on school trips, visits and sporting activities and not prevent them in doing so. We will make arrangements for the inclusion of such pupils in such activities where it is safe and practical to do so and after taking advice from the appropriate health professional.

Rainhill High 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 this 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 a member of the senior management team.



## **5. Individual Healthcare Plans**

Individual healthcare plans will help to ensure that Rainhill High 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.

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 a statement or EHC plan, their special educational needs, if relevant to their medical needs, will 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 the School 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 Rainhill High 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.

Rainhill High 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 Rainhill High 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. This format may be varied to suit the specific needs of each pupil however they should follow the template as much as possible.

## **6. Roles and Responsibilities**

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at Rainhill High School.

In addition Rainhill High 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/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, as appropriate for their age, 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 that are in date, necessary equipment and ensure they or another nominated adult are contactable at all times.

**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. 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.

## **7. Staff Training and Support**

All staff, which are required to provide support to pupils for medical conditions, will be trained by healthcare professional qualified to do so. The training needed will be identified by the healthcare professional during the development or review of the individual healthcare plan. Rainhill High School may choose to arrange training ourselves and will ensure that it remains up-to-date.

Template F will be used to record staff training for administration of medicines and/or medical procedures.

Training should be sufficient to ensure that staff are: competent and have confidence in their ability to support pupils with medical conditions; and are able to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template).

All staff will receive induction training and regular whole school awareness training so that they are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Rob Owens (Chief Operating Officer) will 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.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met and parents will be asked for their views. They should provide specific advice, but should **not** be the sole trainer.

## **8. 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 his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be expected to carry their own medicines/relevant devices or be able to access their medication for self-medication quickly and easily; these will be stored in their trays or dedicated cupboard in their class to ensure that the safeguarding of other children is not compromised. Rainhill High School does also recognise 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.

## **9. Managing Medicines on School Premises and Record Keeping**

At Rainhill High School the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
  - No child under 16 should be given prescription or non-prescription medicines without their parents written consent (see template C).
  - With parental written consent, we will administer non-prescription medicines except those containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. A record will be kept and parents should be informed (Template D).
  - Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours (i.e. 3 times per day).
  - Rainhill High School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

- The storage of all medicines should be in a designated locked, cool, dry cupboard. Medicines which need to be stored at lower temperatures must be kept in a locked fridge. However, Rainhill High School does not have the need for many medicines that need to be kept in a fridge, so they are stored in a closed sealed, clearly labelled container within a domestic fridge kept in the medical room or staff areas.
- The keys to the medicine cupboard are held by named staff who are authorised to administer medication, (staff administering medication must have attended a training session re administration of medication).
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available in the child's tray/class and not locked away. Another of these is kept in the medical room. Asthma inhalers should be marked with the child's name
- During school trips the first aid trained member of staff will carry the First Aid bag and the children's medication/devices.
- A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Rainhill High School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom (see templates D and E). Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- Medicines that are prescribed to a child must not be used by another child, even if they are taking the same medication. The medication is the property of the person whose name appears on the dispensing label, and should be returned to the parent for disposal when no longer required.
- Medicines must be kept in their original container in which they were dispensed with the pharmacy label and information specific to that pupil; they must not be moved from one container to another, even if they are nearly empty. It would be considered to be secondary dispensing, which is illegal under the Medicines Act.

- For the medicines held by Rainhill High School, it is good practice to maintain stock rotation to ensure that older stock is used first; Records of new stock need to be kept. The following information is required:
  - Date Received
  - Name strength and dosage of all medicines
  - Quantity received
  - Signature of staff that receives the medicine
- When administering medication the following procedure should be followed:
  - Check whether the pupil is allergic to anything
  - Check if pupil has taken any medication recently, and if so what
  - Check if the pupil has taken the medication before and if there were any problems
  - The medicine profile sheet must be checked for possible side effects and contra indications
  - Check the expiry date on the container
  - The pupil should take the medication under the supervision of the person issuing it
  - Record the details of this on the medication form (Template D and E) and written note to be sent home informing parents.
- Make a clear, accurate and immediate record of all medicines administered or refused, recording dates and times of all medication given. All documentation must be in black ink, signed and dated by the person administering the medication.
- All medications held in the cupboard must be recorded in the medicine book/sheet and a running balance maintained. (Template E)
- Any prescription medicine given must be recorded on Template D, and parents informed by note.
- All approved over the counter medicines administered must be recorded on medicine sheet. (Template E)
- A record of sample signatures and initials for each member of staff who administer medications is kept in the medical folder.

## **10. Emergency Procedures**

Mr Owens will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do. This should include: ensuring that all relevant staff are aware of emergency symptoms and procedures; and that other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

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

We will actively support pupils with medical condition 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.

We 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 professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

### **Other Issues for Consideration**

Where a pupil uses home-to-school transport arranged by the Rainhill High (Rainhill High mini-bus) and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the transport provider.



## **12. Unacceptable Practice**

Although staff at Rainhill High School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, 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\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office unaccompanied;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;

## **13. Liability and Indemnity**

The Rainhill High school is fully covered with liability and indemnity insurance through the Department for Education Risk Protection Arrangement.

## **Complaints**

Should parents\carers be unhappy with any aspect of their child's care at Rainhill High School, they must discuss their concerns with the school. This will be with the child's Year Progress Leader of Year Student Manager in the first instance, with whom any issues should be addressed. In the unlikely event of this not resolving the issue, the parent\carer can make a formal complaint using the Rainhill High School Complaints Procedure.

## **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/Carer Agreement for Setting to Administer a Prescribed 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: Parental/Carer Agreement to Administer an ‘Over the Counter’ (OTC) Medicine**

Add the name and address of the school/nursery here

Add the name of Head of Health and Safety/senior nursery staff member here

- All over the counter (OTC) medicines must be in the original container.
- A separate form is required for **each medicine**.

**The school will not administer the first dose in case of a reaction to the medication**

<b>Child's name</b>	
<b>Child's date of birth</b>	
<b>Class/form</b>	
<b>Name of medicine</b>	
<b>Strength of medicine</b>	
<b>How much (dose) to be given. For example:</b> <b>One tablet</b> <b>One 5ml spoonful</b>	
<b>At what time(s) the medication should be given</b>	
<b>Reason for medication</b>	
<b>Duration of medicine</b> Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	

	Yes	
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I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	No	
	Not applicable	

<b>Mobile number of parent/carers</b>	
<b>Daytime landline for parent/carers</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency phone no.</b>	
<b>Name of child's GP practice</b>	
<b>Phone no. of child's GP practice</b>	

- I give my permission for a designated member of staff to administer the OTC medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school/nursery premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school.
- The above information is, to the best of my knowledge, accurate at the time of writing.

<b>Parent/carers name</b>	
<b>Parent/carers signature</b>	
<b>Date</b>	

## **Template D: Record of Medicine Administered to an Individual Child.**

Add the name and address of the school/nursery here

Add the name of Head of Health and Safety/senior nursery staff member here

Child's Name	
Date of Birth	
Group/Class/Form	
Child's Address	
Date Medicine provided by Parent	
Quantity Received	
Name and Strength of Medicine	
Expiry Date	
Quantity Returned	
Dose and Frequency of Medicine	

Staff Signature \_\_\_\_\_

Date	Time Given	Dose Given	Staff Members Name and Signature		Reason Not Given
			Given By	Checked by	

**Template E: Record of Medicine Administered to all Children. Each Medicine will be listed separately.**

**Record of Medications**

Add the name and address of the school/nursery here

Add the name of Head of Health and Safety /senior nursery staff member here

Date	Child's Name	Time	Name & Strength	Dose Given	Any Reactions	Signature	Print Name



## **Template F: Staff Training Record**

Add the name and address of the school/nursery here

Add the name of Head of Health and Safety /senior nursery staff member here

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

Dear Parent

### **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

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

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

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

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

Yours sincerely

**14. 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, Department for Education(DfE) December 2014
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010
- Asthma.org.uk