



Supporting Pupils with Medical Conditions & Administering Medicines Policy

This policy was updated in February 2021 and adopted by the Full Governing Body on 11th February 2021

Signed  (Headteacher)

Signed  (Chair of Governors/Committee)

This policy is due for review in February 2022

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Statement of intent

The governing body of St Stephen's has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

St Stephen's believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Information Report & Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance: □ DfE (2015)

‘Special educational needs and disability code of practice: 025 years’

- DfE (2015) ‘Supporting pupils at school with medical conditions’
- DfE (2000) ‘Guidance on first aid for schools’
- Ofsted (2015) ‘The common inspection framework: education, skills and early years’
- Department of Health (2017) ‘Guidance on the use of adrenaline autoinjectors in schools’

1.3. This policy has due regard to the following school policies:

- SEND Information Report & Policy
- Complaints Procedure Policy

2. The role of the governing body

2.1. The governing body:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school’s ability to provide effective support.

- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

3. The role of the headteacher

3.1. The headteacher:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual care plans (ICPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of ICPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- In collaboration with the Inclusion Team, makes contact with the School Nursing team where a pupil with a medical condition requiring support that has not yet been identified or outlined in an ICP

4. The role of parents/carers

4.1. Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's ICP. □
Carry out any agreed actions contained in the ICP.
- Ensure that they, or another nominated adult, are contactable at all times.

5. The role of pupils

5.1. Pupils:

- Where appropriate, are fully involved in discussions about their medical support needs.

- Contribute to the development of their ICP.
- Are sensitive to the needs of pupils with medical conditions.

6. The role of school staff

6.1. School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Refer to the intimate care policy for further information on the role of staff in this area

7. The role of the School Nurse team

7.1. The school nurse:

- Should at the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement ICPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.
- Are available on a referral system with parental consent to gain further information on a child's medical needs. Referral form is available to staff on school's CPOMs Library. Further information can be found at <https://www.bdct.nhs.uk/services/school-nursing-teams/>

8. The role of the LA

8.1. The LA:

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that ICPs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

8.2. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

9. The role of Ofsted

- 9.1. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.
- 9.2. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

10. Admissions

- 10.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 10.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

11. Notification procedure

- 11.1. When the school is notified that a pupil has a medical condition that requires support in school, the school nurse should inform the headteacher. Following this, the school can begin to arrange a meeting with parents/carers, care professionals and the pupil, with a view to discussing the necessity of an ICP (outlined in detail in section 18).
- 11.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
- 11.3. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- 11.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place.

12. Staff training and support

- 12.1. Any staff member providing support to a pupil with medical conditions receives suitable training.
- 12.2. Staff do not undertake care procedures or administer medication without appropriate training.
- 12.3. Training needs are assessed by the school nurse through the development and review of ICPs.

- 12.4. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in ICPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 12.5. The school nurse or community nursing team confirms the proficiency of staff in performing medical procedures or providing medication.
- 12.6. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 12.7. Whole-school awareness training is carried out for all staff.
- 12.8. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

13. Self-management

- 13.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their ICP.
- 13.2. Where possible, pupils are allowed to carry their own medicines and relevant devices.
- 13.3. Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations (identified medical bags) that can be accessed quickly and easily.
- 13.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's ICP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

14. Supply teachers

- 14.1. Supply teachers are:
- Provided with access to this policy via the school website.
 - Informed of all relevant medical conditions of pupils in the class they are providing cover for via the green Medical File in the classroom.
 - Covered under the school's insurance arrangements.

15. Individual care plans (ICPs)

- 15.1. The school, care professionals and parent/carer(s) agree, based on evidence, whether an ICP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher makes the final decision.

15.2. The school, parent/carer(s) and a relevant care professional work in partnership to create and review ICPs. Where appropriate, the pupil is also involved in the process.

15.3. ICPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- What to do in an emergency, including contact details and contingency arrangements.

15.4. Where a pupil has an emergency care plan prepared by their lead clinician, this is used to inform the ICP.

15.5. ICPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

15.6. ICPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

15.7. Where a pupil has an EHC plan, the ICP is linked to it or becomes part of it.

15.8. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their ICP identifies the support the child needs to reintegrate.

16. Managing medicines

16.1. Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

16.2. Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge.

16.3. Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

16.4. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

16.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

16.6. Parents/carers are informed any time medication is administered that is not agreed in an ICP.

- 16.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- 16.8. All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit.
- 16.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 16.10. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- 16.11. The school holds asthma inhalers for emergency use. The inhalers are stored in both school offices, and their use is recorded. Inhalers are always used in line with the school's Asthma Guidance in Appendix H.
- 16.12. Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- 16.13. Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

17. Adrenaline auto-injectors (AAIs) or Epi Pen

- 17.1. A Register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- 17.2. Where a pupil has been prescribed an AAI, this will be written into their ICP.
- 17.3. For pupils under the age of seven who have prescribed AAI devices, these are stored in classrooms in the Purple Epi Pen bags and taken wherever the child goes.
- 17.4. Designated staff members will be trained in how to administer an AAI on an annual basis, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 17.5. Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 17.6. In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered.

17.7. Where any AAI's are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

17.8. AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.

17.9. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them.

18. Record keeping

18.1. In accordance with paragraphs 19.1, 19.2, 19.3 and 19.4, written records are kept of all medicines administered to pupils.

18.2. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

18.3. Appropriate forms for record keeping can be found in Appendix E and Appendix F of this policy.

19. Emergency procedures

19.1. Medical emergencies are dealt with under the school's emergency procedures.

19.2. Where an ICP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

19.3. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

19.4. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

19.5. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

20. Day trips, residential visits and sporting activities

20.1. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

20.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals if this is appropriate.

20.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

21. Unacceptable practice

21.1. The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their ICP.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

22. Liability and indemnity

22.1. The school holds an insurance policy with Zurich Municipal for pupil liability.

23. Complaints

23.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

23.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy.

23.3. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

24. Home-to-school transport

24.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.

24.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

25. Defibrillators

25.1. The school has a Mediana HeartOn A15 automated external defibrillator (AED).

25.2. The AED is stored in the Sycamore office.

25.3. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

25.4. The emergency services will always be called where an AED is used, or requires using.

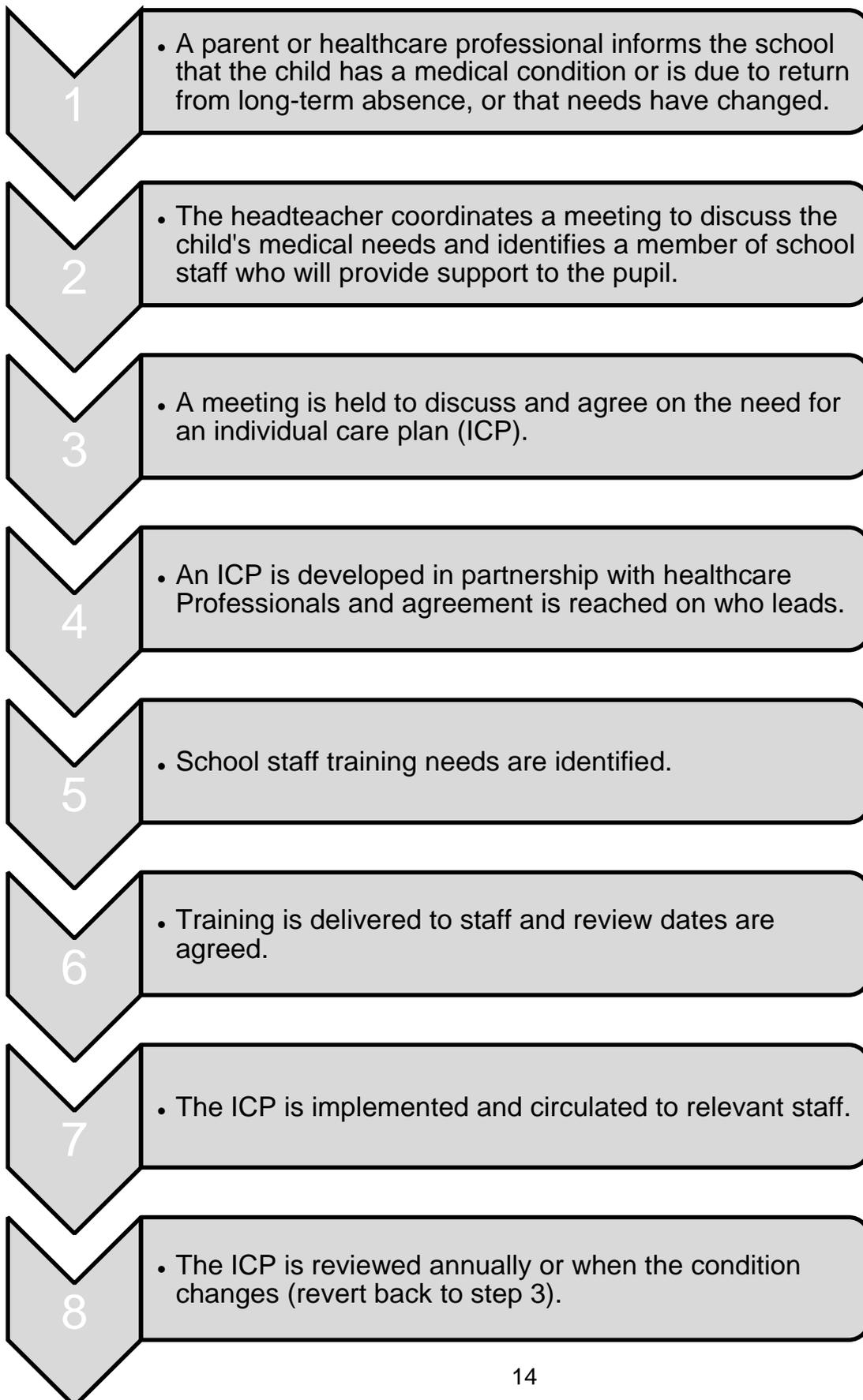
26. Policy review

26.1. This policy is reviewed on an annual basis by the named governor, Inclusion Team and the headteacher.

26.2. The scheduled review date for this policy is February 2022.

Appendix A

Individual Care Plan Implementation Procedure



Individual Care Plan

Child's name:	
Class:	
Date of birth:	
Child's address:	
Medical diagnosis or condition:	
Date:	
Review date:	
Family contact information	
Name:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to child:	
Phone number (work):	
(home):	
(mobile):	
Clinic/hospital contact	
Name:	

Phone number:

Child's GP

Name:

Phone number:

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 it should be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements:

Other information:

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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

Appendix D

Food Allergy/ Food Intolerance Questionnaire

Food Allergy/ food intolerance Questionnaire

Child's name.....

Class.....

1. What is your child allergic, **if it is an intolerance please go to question to 9?** Please give as much detail as you can?

2. What treatment should be provided if the child has a reaction? _____

5. If the allergy is food, what would be the reaction if they: _____

Touched the
food: _____

Ate the
food: _____

Ate items processed in the same factory as the allergen:

7. What medication does your child have for this allergy?

8. Has your child been diagnosed and had tests to confirm allergy? YES/NO

9. **Please now list any food intolerances and how they are managed:**

Please note: If your child is participating in activities before and after the school day extracurricular activities and trips, it is imperative that YOU inform the supervising adults of your child's food allergies. It is also your responsibility to inform the SENCO at the school of any changes to your child's condition, parent or guardian

Signature _____ Date _____

Appendix E

Administration of Medication Form

Name of child:

Date of birth:

Class:

Medical condition or illness:

Medicine

Name/type of medicine (*as described on the container*):

Expiry date:

Dosage and method:

Timing:

Special precautions/other instructions:

Any side effects that the school 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
Daytime telephone number:

Relationship to child:

Address:

I understand that I must deliver the medicine personally to:

(please circle)

Willow Office Sycamore 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 there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Parental Signature(s) _____ Date _____

Date medicine provided by parent: _____

.....

STAFF ONLY

Group/class/form:
Quantity received:
Name and strength of medicine:
Expiry date:
Quantity returned:
Dose and frequency of medicine:

Staff signature: _____

Appendix F

Medication Record Sheet

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Appendix H

Asthma Guidance

Parents have a responsibility to:

- Tell the school if their child has asthma.
- Ensure the school has a complete and up-to-date child asthma action plan.
- Inform the school about the medicines the child requires during school hours.
- Inform the school of any medicines the child/young person requires while taking part in visits, outings or trips and other out of school activities.
- Tell the school about any changes to their child's medicines, what they take and how much.
- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name.
- Provide the school with a spare reliever inhaler labelled with their child's name if necessary.
- Ensure their child's reliever inhaler and the spare inhaler is within its expiry date.
- Keep their child at home, if they are not well enough to attend school due to their asthma symptoms.
- Ensure their child catches up on any schoolwork they have missed.
- Ensure their child has regular reviews with their doctor/asthma nurse (every 6 to 12 months)

School staff have a responsibility to:

- Know which pupils have asthma.
- Know what to do when a student has an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parent/carers if their child has had an asthma attack.
- Inform parents/carers if their child has been using more of reliever inhaler than they usually would.
- Ensure pupils have their asthma medication with them when they go on school trips or out of the classroom for activities.
- Ensure pupils who have been unwell catch up on missed work.
- Allow pupils immediate access to a qualified first aider if unwell. Refer to the medical conditions and medicines in school policy.

Pupils have a responsibility to:

- Treat other pupils with asthma equally.
- Let any pupil having an asthma attack take their inhaler and ensure a member of staff is notified.
- Tell their parent/ teacher when they are not feeling well.
- Know how to take their own asthma medication.

Emergency inhaler in school

- From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

Children should only use the emergency salbutamol inhaler if:

- They have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR have been prescribed a reliever inhaler;
- AND for whom written parental consent for use of the emergency inhaler has been given.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Appendix G

nurture • grow • flourish

Address: Gaythorne Road, Bradford, West Yorkshire, BD5 7HU Telephone: 01274 731698
Email: office@ststephens.bradford.sch.uk Web: ststephens.bradford.sch.uk



Dear Parent/Carer of _____,

RE: Developing an individual care 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 care plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual care plans are developed in partnership with the school, parents/carers, pupils, and the relevant care 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 care 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 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 _____ at _____:_____. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the headteacher), a relevant care professional and the school nurse and a member of our Inclusion Team. Please let us know if you would like us to invite another medical practitioner, care 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 care plan template and return it to the school office, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email on offica@ststephens.bradford.sch.uk or to speak by phone on 01274 731 698 if this would be helpful.

Yours sincerely,

Mr. P. Urry

Headteacher