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MARISH



Academy Trust

Supporting Pupils with Medical Conditions Policy

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Introduction

On 1 September 2014, a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions under Section 100 of the Children and Families Act 2014. This policy ensures that Marish Academy Trust fulfils that duty, complies with the statutory guidance and sets out the arrangements we make to do this, based on good practice.

Our aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in our Trust schools so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Marish Academy Trust schools are inclusive communities that support and welcome pupils with medical conditions. Some conditions are more obvious than others and therefore our focus will always be on the individual child and their specific needs which will change over time. We aim to provide all pupils with all medical conditions the same opportunities as others at school and achieve this by ensuring that:

- All Trust staff understand their duty of care to children and young in the event of an emergency.
- All Trust staff feel confident in knowing what to do in an emergency.
- All Trust staff are thoroughly aware that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- All Trust staff appreciate the importance of medication being taken as prescribed.
- All Trust staff are trained to understand the common medical conditions that affect children at our schools and the impact these medical conditions can have on pupils.
- Specific staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Health Plan (IHP) (Appendix 1 – template A)
- All Trust staff communicate effectively and work in partnership with parents and medical professionals to make the best possible provision for all children
- We name one or more designated Medical Conditions leads in each school who have additional training and expertise and are likely to be members of our Inclusion team.
- We will also have a named governor with specific responsibility for liaising with the designated medical conditions leads.

The executive headteacher and the governing body are responsible for ensuring that all staff receive adequate training about how to respond in an emergency situation and to meet the needs of children with medical conditions in their care.

1. The medical conditions policy has to be communicated to and implemented by all stakeholders.

To keep it high profile Marish Academy Trust:

- a. Provides all parents and carers who join the Trust schools with a hard copy of this policy when they join the school.
- b. Provides a policy statement on the website signposting access to the policy and including it in the Local offer
- c. Ensures that all Trust staff are reminded at the beginning of each term and during induction about our medical conditions policy in various ways, including through the staff handbook and as part of training and refresher sessions.
- d. Ensures that specific staff are given regular training updates to enable them to work confidently with children with different medical conditions.
- e. Ensures that the key principles of the policy are displayed in staff rooms throughout both schools and on the school's staff shared drive
- f. Ensures that supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies
- g. Ensures that all staff are made aware of any Individual Health Plans as they relate to their teaching/supervision groups. This is a role for the designated medical conditions lead.
- h. Establishes positive relationships with relevant local health services and receive and fully consider advice from healthcare professionals and parents to help us provide the best provision for the children in our care.

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- i. Ensures that all Trust staff are aware that some children with medical conditions may be disabled and some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. In these cases this policy needs to be read alongside our Marish Academy Trust Local Inclusion Offer and Inclusion policy.

1.1 Parent Voice

We also take into account parent views on how we can best support children with medical conditions by consulting them on aspects of policy and practice. We acknowledge that the parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that our schools will provide effective support for their child's medical condition and that pupils feel safe. Communication and positive partnership are key to this becoming a reality.

1.2 Pupil Voice

We also take into account pupil views on how we can best support them with their medical conditions, observing their wishes as far as possible. We know that there are social and emotional implications associated with medical conditions as well as educational impacts. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, we acknowledge long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. So we insist that reintegration back into our schools is properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, can also be disruptive and we endeavour where possible to liaise with parents to provide some flexible arrangements enabling part time attendance or alternative provision.

2. Procedure to be followed when notification is received that a pupil has a medical condition

At Marish Academy Trust, when we are notified that a child on roll or soon to join us has a medical condition, we commit to:

- a. Put procedures in place to support transition to our schools for any new child.
- b. Put procedures in place to support reintegration after any absence or if a pupil's needs have changed
- c. Make arrangements for any staff training or support necessary at the start of term when any new child with a medical condition is due to start.
- d. In cases when there is a new diagnosis or a child moves into one of our schools mid-term, every effort will be made to ensure that arrangements are put in place within two weeks of their start date.
- e. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, we will make judgements about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be inevitable to ensure the right support is put in place.

3. Procedure to be followed in an emergency related to the most common serious medical conditions

- a. b. Staff at Marish Academy Trust understand their duty of care to pupils both during, and at either side of the school day in the event of an emergency. In any emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.
- c. Staff receive updates at least once a year for asthma, epilepsy, anaphylaxis and other medical needs and know how to act in an emergency. Additional training is prioritized for key staff members who work with children who have specific medical conditions supported by an Individual Health Plan (Appendix 1 Template A)
- d. Prompts for the emergency procedure for the common serious conditions in both our schools are displayed in prominent locations for all staff including welfare/first aid rooms, kitchens and staff rooms.
- e. The Trust uses Individual Health Plans to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.

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f. The Trust has procedures in place so that a copy of the pupil's Individual Health Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

g. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. Marish Academy Trust will try to ensure that the staff member will be one the pupil knows. The school administrative team will inform a member of the schools senior management of the circumstances.

4. Procedure for administration of medicines

4.1 Emergency administration of medication

a. Marish Academy Trust will seek to ensure that pupils with medical conditions have easy access to their emergency medication.

b. The Trust will ensure that all pupils who have an appropriate level of understanding are aware of the arrangements for a member of staff (and the reserve members of staff) to assist in helping them take their emergency medication safely.

4.2 General administration of medicine

a. All use of medication is supervised by a member of Trust staff following prescribed instructions, with the exception of asthma inhalers which may be used by older children to self medicate. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

b. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. Staff will raise a concern immediately if they think pupils are using their medication improperly and inform the parent.

c. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.

d. However staff working with children with medical conditions, generally are prepared to take on the voluntary role of administering medication, as long as they have been trained

e. For medication where no specific training is necessary, any member of staff may administer medication to pupils under the age of 16, but only with the written consent of the pupil's parent. (See Appendix 2 Templates B, C and D

5.2 Safe storage - non-emergency medication

c. All non-emergency medication is kept in a secure place. Pupils with medical conditions know where their medication is stored and how to access it.

d. Staff ensure that medication is accessible only to those for whom it is prescribed

5.3 Safe storage – general

e. Marish Academy Trust has an identified member of staff/designated medical conditions lead who ensures the correct storage of medication at school.

f. All controlled drugs are kept in a locked cupboard and only named staff have access.

g. The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).

h. The identified member of staff, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the pupil's name, the name of the medication, route of administration, dose and frequency, an expiry date of the medication.

i. All medication is supplied and stored in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

j. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.

k. Some medication for pupils may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised pupils.

l. All medication (including blue inhalers) is sent home with pupils at the end of the school term.

m. It is the parent/carer's responsibility to ensure new and in date medication comes into school with the appropriate instructions and ensures that the school receives this.

5.4 Safe disposal

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- n. Parents/carers at this school are asked to collect out-of-date medication.
- o. If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- p. Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- r. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to school or to the pupil's parent.
- s. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

6. Procedures for record keeping for pupils with medical conditions

6.1 Enrolment forms

- a. Parents/carers at this school are asked if their child has any medical conditions at point of enrolment
- b. If a pupil has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form plus explanation is sent to the pupil's parents/carers to complete. (Appendix 3 Form C)

6.2 Individual Health Plans (Appendix 1 Template A)

Drawing up Individual Health Plans

Marish Academy Trust uses an Individual Health Plan for children with complex health needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments.

Once Individual Health Plans are in place, the governing body will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Further documentation can be attached to the Individual Health Plan if required, (see Appendix 1 Template A) Examples of complex health needs which may generate an Individual Health Plan following discussion with the school nurse and the school:

- diabetes
- gastrostomy feeds
- a tracheostomy
- anaphylaxis
- a central line or other long term venous access
- Severe asthma that has required a hospital admission within the last 12 months
- epilepsy with rescue medication

An Individual Health Plan information request, accompanied by an explanation of why and how it is used, is sent to all parents/carers of pupils with a complex health need. This is sent at the start of the school year; at enrolment; when a diagnosis is first communicated to the school; transition discussions; new diagnosis. If a plan is not in place, all Trust staff should follow standard first aid measures in an emergency.

It is the parent's responsibility to provide the information necessary to complete the Individual Health Plan and return the completed form to the designated lead for medical conditions. Ideally then a meeting will be held between school staff, medical professionals and parents to discuss and agree the individual Health Care Plan. The designated lead for medical conditions will share the plan with all staff who may support the child and finalised plan will be given to parents/carers, relevant school staff and school nurse.

We endeavour to involve pupils in the writing of the plans whenever appropriate. We aim to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the Trust. To protect confidentiality, plans may list the designated individuals to be entrusted with information about the child's condition and what to do in an emergency, including whom to contact, and contingency arrangements. Some children

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may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

The format of individual healthcare plans may vary even within Marish Academy Trust because the level of detail within plans will depend on the complexity of each 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.

Where the child has a special educational need identified in an EHC plan, the individual healthcare plan should be linked to or become part of that EHC plan.

7. Roles and responsibilities.

Supporting a child with a medical condition during school hours and extended provision is not the sole responsibility of one person. Marish Academy Trust's ability to provide effective support depends on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), and parents and pupils is critical.

Marish Academy Trust is proud of its collaborative partnerships with social care, the local health service and school nurses and will use these to extend our multi-agency working into developing the best possible provision for children in our schools with medical conditions.

7.1 Our Trust Governing Body is responsible for making sure that this policy for supporting pupils with medical conditions in school is developed and implemented.

Additionally, the governing body will ensure that:

- any pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school
- sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- training provision will be reviewed by the governing body annually and staff provided with details of continuing professional development provision opportunities.
- training needs are assessed by the inclusion team in each school during the development or review of individual healthcare plans who will arrange to commission training from health professionals or the LA. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

7.2 It is the responsibility of the executive headteacher to ensure that:

- The trust policy is developed and effectively implemented with partners, including parents and children
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- all staff who need to know are aware of the child's condition.
- sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency.
- All individual healthcare plans are developed and implemented
- All trust staff are appropriately insured and are aware that they are insured to support pupils in this way.
- the school nursing service is made aware of any child who has a medical condition that may require support at school
- Pupils with medical conditions are 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.

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These responsibilities may be delegated to other senior staff in both schools, such as Deputy headteachers, the Inclusion Lead or SENCO.

7.3 All trust staff are responsible for:

- Being aware that they can be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Being aware that although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- Ensuring that their training needs are met and if not to notify the management and that they achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Knowing what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

7.4 Partners eg school nurses, GPs and paediatricians are responsible for ensuring that:

- They notify the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.
- They support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training or with lead clinicians in a particular case.

7.5 Moreover Local authorities remain commissioners of school nurses for academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation 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 so far as relating to their physical and mental health, and their education, training and recreation. Therefore the LA should 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. They should also work with schools 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 schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).**

7.6 Providers of health services have a responsibility to co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

7.7 Clinical commissioning groups (CCGs) are responsible for commissioning other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this).

Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

7.8 It is the responsibility of parents to ensure that:

- They provide the school with sufficient and up-to-date information about their child's medical needs.
- They notify the school that their child has a medical condition.
- They actively engage in the development and review of their child's individual healthcare plan, and may be involved in its drafting.
- They carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

[Type here]

- They provide relevant information to school staff about how their child's needs can be met, including specific advice, but should not be the sole trainer delivering training on how to support their child's needs for school staff.

8. Unacceptable practice

Although Marish Academy Trust should use their discretion and judge each case on its merits 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; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

9. Liability and indemnity

Marish Academy Trust's insurance arrangements cover staff providing support to pupils with medical conditions. Insurance policies are available to all staff providing such support. Please consult the finance director.

Our insurance policy provides liability cover relating to the administration of medication and personal care, but individual cover may need to be arranged separately for any specific health care procedures.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the Trust.

10. Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Trust's complaints procedure. Making a formal complaint to the Department for Education may be appropriate, but only after other attempts at resolution have been exhausted.

11. Approval History

Version	Approved	Comments
1.0	July 2014	By Governing Body
2.0	June 2016	
3.0	September 2018	

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Appendix 1 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	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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[Type here]

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

[Type here]

Appendix 2 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 _____

[Type here]

Appendix 3 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

[Type here]

Appendix 4 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

[Type here]

Appendix 5 Template F: contacting emergency services

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

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

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

[Type here]

Appendix 6 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