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Policy and Procedures

Roles and Responsibilities

The Children and Families Act 2014 requires Governing Bodies to ensure that arrangements are in place to support pupils with medical conditions. This legal duty means they must take account of the statutory guidance and carefully consider it and having done so, there would need to be a good reason to justify not complying with it.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Early years settings should continue to apply the: [Statutory Framework for the Early Years Foundation Stage](#)

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

If for what ever reason a school is unable to secure a willing competent person to administer medication the function will then rest with the parent or the health service. This should be made clear to the parent. They will then be responsible for providing a person to administer the medication, to competently monitor and test a fluctuating condition or administer medication in response to either a fluctuating or stable but enduring medical condition.

Bracknell Forests Children, Young People & Learning (CYP&L) Department policy is that all schools must ensure the administration of medicines and supporting children with complex health needs is adequately managed.

All schools should follow the statutory guidance produced by the Department of Education. This is available on Bracknell Forest Schools Website: [Supporting Pupils at School with Medical Conditions](#)

Individual Health Care Plan (IHCP)

Governing bodies should ensure that the school's policy covers the role of IHCP's, and who is responsible for their development, in supporting pupils at school with medical conditions. IHCP's can help to ensure that schools effectively support pupils with medical conditions. They 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

The format of IHCP's may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans 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 Special Educational Needs (SEN) but

does not have a statement or an Education, Health and Care (EHC) plan, their special educational needs should be mentioned in their IHCP.

IHCP's, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child 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. The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a SEN statement, or an EHC plan, the IHCP should be linked to or become part of that statement or plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively. When deciding what information should be recorded on IHCP's, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHCP.

Health Care Plans are the pivotal means through which responsibility holders communicate and record information acknowledging this through signing off the document. This provides a high level of assurance that information has been understood and agreement on actions reached. This will also facilitate, setting review dates, recording any changes introduced and also lends itself to future auditing.

A flow chart for identifying and agreeing the support a child needs and developing an IHCP is provided at annex A.

Medication Errors

A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include:

- administration of a medication to the wrong pupil,
- administration of the wrong medication to a pupil
- administration of the wrong dosage of medication to a pupil,
- administration of the medication via the wrong route,
- administration of the medication at the wrong time

Each medication error must be reported to the Head teacher and an Incident Report Form completed and copied to the Corporate H&S Team.

Each school should have procedures in place to avoid any errors. For example some schools put each pupil's medication and records in a sealed bag which includes a recent photograph of the pupil. Some schools ensure that when the medicine is administered it is witnessed and recorded by another member of staff.

Training

Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided. The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.

Staff who manage the administration of medicines and those who administer medicines should receive suitable training and support from a qualified health professional. The school should ensure the trainer incorporates a competency test and that the school should retain a copy of the record of this having been carried out.

Any action taken by a person undertaking support activities should be limited to the training given. This training should communicate clearly the serious risks entailed by undertaking activities outside those for which they have been formally trained.

Schools should ensure that they have sufficient numbers of trained staff to cover for school visits, staff sickness, and compassionate leave or for any other reason for absence from school.

It is good practice to collect written feedback at the end of the training. Information collected in this way provides a greater degree of assurance that the training has met the desired aims and allows for continual refinement of the training.

If there are any changes to the agreed care plan for example changes to dose or type of medication, staff changes etc. then a new care plan should be provided and new training by a health professional will be required. The new training must incorporate a competency test and records retained. It should be recognised that should the school not have competent trained staff to undertake the care plan, then the responsibility to administer the medication could be passed back to the parent.

Where equipment is involved sufficient “hands on training” is essential. This will allow trainees to become fully familiar with equipment operations. This will give confidence particularly when first dealing with equipment in live situations. It is also recommended that update training after a break, e.g. due to school holidays, long sickness absence or other, is carried out.

Records of training

Records of training should be provided by the trainer and retained by the school.

Induction Training

All staff should receive Induction Training upon joining the school. This training should include:

- what the schools policy is on the administration of medicines
- where it can be found
- how to respond in an emergency

Audit

The school should make formal arrangements with the qualified health professional to ensure he/she regularly audits the trainees’ competence. This should be done at a minimum of once every year.

During school inspections the Office for Standards in Education (Ofsted) must evaluate and report on how well schools ensure pupils’ care, welfare, health and safety. Ofsted will look to see whether administration of medicines follows clear procedures.

The Corporate Health & Safety Advisers carry out school health and safety audits every 2 to 3 years and will include the management of medicines, including staff training records in the audit programme.

Staff Indemnity

Bracknell Forest Council fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. This indemnity would include all School Governors and any volunteers assisting the school in their business activities. The Council's liability insurance provides indemnity for the administration of most oral medication and most pre-assembled, pre-dosed medications. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means that the Council and not the employee will meet the costs of any damages if a claim for alleged negligence be made.

The indemnity would not cover a Health Care activity which would be properly carried out by a Health Care professional such as when the carer requires broad medical knowledge or professional judgement rather than reliance on training in a single application. Nor would it cover circumstances where the Health Care activity would ordinarily be carried out by a medically qualified person rather than by the pupil's parent or guardian. Annex B lists the procedures that the Council's public liability insurance provides indemnity for.

If you require clarification on cover for any of the procedures listed in Annex B, if you are carrying out any procedure not included in Annex B or your school/department employs Health Care Professionals who carry out any health care procedures, please contact the Councils Insurance Officer on 01344 352094

School Trips

Governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Schools may need to take additional safety measures for visits and consider arrangements for taking any medication. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures.

Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils on the visit, they should seek advice from the pupil's GP/Consultant. For further information on school trips, see the Offsite & Hazardous Activities Manual: [Schools Off-Site & Hazardous Activities](#). A parental consent and medical form, OHA2, will be required. Further advice is available from the Advisory Service:

Contact: Brian Mallett, Offsite Visits Advisor
Address: Off-site and Outdoor Advisory Service
16 Abbots Road
Newbury
Berkshire, RG14 7QW
Telephone/Fax: 01635 36071
Mobile: 07831 472458

The Schools Offsite Activities insurance will provide an indemnity for any emergency medical assistance required for pre-existing medical conditions. Insurers require all those travelling with pre-existing conditions obtain written consent from their GP or Consultant that they are medically fit to travel. If you need any further advice on this matter, please contact the Insurance Section.

Sporting Activities

Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

Employee's Medicines

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

Staff Protection

Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment. Practical and common sense hygiene precautions will minimise the risk of infection where contact with blood or other body fluid is unavoidable. Guidance on these precautions is available in Section 3.9 of the Corporate H&S Manual.

Emergency Procedures

Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation. As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies.

All staff must be aware of the likelihood of an emergency arising in a pupil with medical needs, whom to contact and what action to take. Back-up cover should be arranged for when the member of staff is absent or unavailable.

Where a child is in distress or has a need for an intervention and no one in the school feels confident to undertake it then the parent/guardian and a qualified health professional should be called immediately.

Staff should be trained to use the telephone and know how to call the emergency services. A member of staff should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until his/her parents arrive.

Generally staff should not take pupils to hospital in their own car. However, if after discussion with the 999 service, it is recommended that the child is taken direct to hospital in a member of staff's car, then checks must be made to ensure car insurance for business use is in place. It is also recommended that an additional person accompanies the member of staff to and from the hospital. In an emergency the best possible action is to call an ambulance.

Emergency Use of Epipens (Adrenaline Auto-Injectors) in Schools

Schools are allowed to purchase Epipens without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

Schools may administer their "spare" Epipen, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare Epipen has been provided (IHCP).

The school's spare Epipen can be administered to a pupil whose own prescribed Epipen cannot be administered correctly without delay.

Epipens can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you **MUST** call 999 without delay, even if they have already used their own Epipen, or a spare Epipen.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency Epipen is appropriate.

For further details see: <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

Guidance on the Use of Emergency Salbutamol Inhalers in Schools

Primary and secondary schools in the UK are allowed to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies.¹ This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Further information is available in: [Guidance on use of emergency inhalers in schools](#).

Defibrillators

A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Schools are advised to consider purchasing a defibrillator as part of their first-aid equipment. If schools install a defibrillator for general use, they should notify the local NHS ambulance service of its location. Staff members appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike.

Routine administration

There will be many cases where the administration of medicines is routine and straightforward for example prescribed painkillers, antibiotics or over the counter medicines such as Calpol, paracetamol, antihistamines etc. (A child under 16 should never be given aspirin unless prescribed by a Doctor.) In these cases professional training may not be necessary. If in doubt contact the School Nursing Team. Where training is identified the details must be included in the care plan. Staff should never volunteer to give non-prescribed / over the counter medicines to children unless the parental agreement form (see page 16) has been completed and signed.

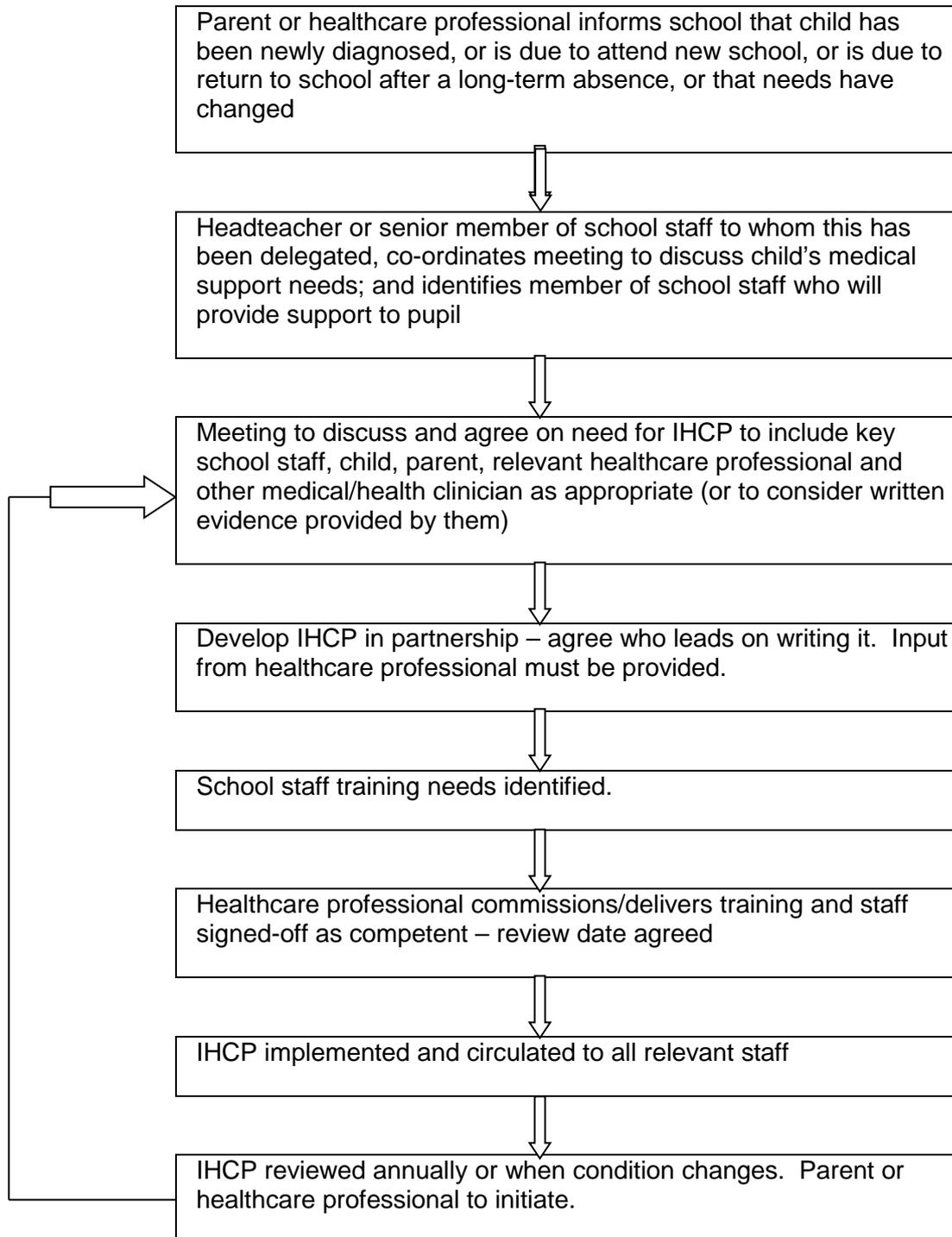
Non-Routine administration

Some children require non-routine administrations. This could be injection, administration of rectal diazepam, assistance with catheters or use of equipment for children with tracheotomies etc. Before the school accepts any commitment; professional training and guidance must be provided from the School Nursing Team or appropriate medical professionals. The training requirements and specific details must be included in the care plan signed off by the Parent and the Head Teacher.

Templates

Templates are provided at the end of this document. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Annex A: Model Process For Developing Ihcp's



Annex B: Public Liability Insurance

The council's provides indemnity to members of staff (who are not Health Care Professionals) for bodily injury arising from an act or omission in the provision or failure to provide Healthcare. Provided that:

- a) The Health care has been detailed in a care plan that has been drawn up by or otherwise approved by a Health Care Professional and the Council has carried out a risk assessment and approved the service user facility's provision of such treatment
- b) Such individual has undergone documented training and achieved the competency standard specified in the care plan and is working under direction or control of a Health Care Professional

The Council's public liability policy does not provide cover for any Health Care Professional carrying out health care procedures. Separate insurance may need to be arranged in this instance.

Health Care Professional shall mean those members of the health care profession being medical and dental practitioners, nurses, midwives and professions allied to medicine

The Council's public liability insurance provides indemnity for the following procedures:

- Apnea Monitoring via a machine following written guidelines only. Visual monitoring is not covered
- Bathing
- Blood pressure monitoring by automated machine only following training and referral of variation from specified limited to Health Care Professional
- Blood sample taking by glucometer or fingerprick only used in accordance with the manufacturers' guidelines
- Body fluid balance monitoring subject to referral of variation from specified limited to Health Care professional

- Buccal Midazolam administered orally
- Catheters limited to changing of bags and cleaning of tube excluding insertion
- Colostomy/stoma care limited to changing of bags and cleaning
- Defibrillators for use in First Aid scenarios only
- Denture cleansing
- Dressing care (external) application and replacement
- Ear/nose drop application
- Eye Car
- Gastronomy tube peg feeding or bolus feed via a gastronomy tube or pump and cleaning and peg feeding with medication prescribed by a medical professional and undertaken in consultation with a pharmacist but excluding insertion/reinsertion of tube
- Hearing aid checking fitting (excluding measuring) and replacement
- Inhalers, cartridges and nebulisers limited to provision of assistance to under in application or fitting of mask
- Injections limited to the administration of pre-packaged doses (intramuscular or subcutaneous only) required on a regular basis or in a pre-planned emergency
- Insulin injections – where possible these should be self administered but can be undertaken by trained staff in accordance with written care plan. Cover will operate in respect of the administration of the dose that needs to be determined due to individual needs of the person as long as this is set out in their care plan and has parental approval
- Intranasal midazolam

- Medipens (Epipens and Anapens) for anaphylactic shock with a pre-assembled pre-dosed epipen epinephrine or adrenaline/epinephrine
- Nasal suction limited to clearing of the nose via a fitted stent but excluding insertion of stent
- Naso-gastric tube feeding/bolus feeding and cleaning of tube, excludes tube insertion/re-insertion
- Occupational therapy support through provision of progress assessment for goals set by professional physiotherapist and self-care assessments for capability of service users to live independently in their own homes
- Oral hygiene for individuals unable to swallow, but excludes cover for use of suction machines
- Oral medication administered as prescribed by a Health Care Professional subject to obtaining parental consent for pupils at day schools.
- Oxygen administration limited to the provision of assistance to user in fitting of mask. Suitable training in use of equipment including oxygen saturation monitoring. Excludes filling of oxygen cylinders from main tank
- Pressure bandage application to assist with positioning of digits
- Pulse rate monitoring by finger pressure on wrist only and referral of variation from specified limits to Health Care Professional
- Rectal midazolam or rectal diazepam administration for repeated epileptic seizures or emergency in a pre-packaged dose and subject to two members of staff being present
- Splints braces corsets application
- Swabs limited to the cleansing of skin or inside mouth/nose and taking of samples from external wounds for analysis
- Temperature taking via ear only subject to referral of variation from specified limits to Health Care Professional
- Toenail cutting unless service user has diabetes or vascular disease
- Topical medication and application of patches using pre-prescribed medication creams and lotions only
- Tracheostomy care limited to the cleaning around edge of tube only
- Use of ventilators only where used for person with a predictable medical condition and stable ventilation requirements following written guidelines

This indemnity covers the vicarious liability of local authority staff who carry out treatment plans under the direction of Health Care professionals. This extension does not provide an indemnity for individuals who are diagnosing or designing those treatment plans which would require a professional judgement on the part of the individual involved. The policy will not include a Health Care activity which would be properly carried out by a Health Care professional such as when the carer requires broad medical knowledge or professional judgement rather than reliance on training in a single application. Nor would it include circumstances where the Health Care activity would ordinarily be carried out by a medically qualified person rather than by the service user's parent or guardian.

If you require clarification on cover for any of the procedures listed above, if you are carrying out any procedure not included in the above list or your school/department employs Health Care Professionals who carry out any health care procedures, please contact the Councils Insurance Officer on 01344 352094

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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Section 3(16): Managing Medicines in Schools

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

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for school/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 <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s): _____ Date: _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature: _____

Signature of parent: _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____

Template F: contacting emergency services

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

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

1. your telephone number
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

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