



Administration of Medicines and First Aid Policy

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Status:	Statutory

Legal Framework

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Management of Health and Safety at Work Regulations 1999
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on First Aid for Schools'
- DfE (2018) 'Automated external defibrillators (AEDs)'

Introduction

The aim of this policy is to effectively support individual children with medical needs and to enable children to achieve regular attendance.

Parents retain the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Children should be kept at home if they are acutely unwell and in the case of contagious diseases; only return when they are no longer infectious.

The Role of the Governing Body

The Governing Body:

- will ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions
- will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented
-

The Role of the Head Teacher

The Head Teacher will

- ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- ensure that all staff who need to know are aware of the child's condition
- ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

- have overall responsibility for the development of individual healthcare plans.
- make sure that school staff are appropriately insured and are aware that they are insured to support children in this way.
- will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Staff

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 will take into account the needs of pupils with medical conditions that they teach.

School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

Any member of school staff (including new/supply staff) should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

Those members of staff who volunteer to administer medicines or administer medicines as part of their role within school receive appropriate training. There is always an appropriately trained member of staff available in the school office.

Parents

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

Prescribed Medicines

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health or school attendance if the medicine were not administered during the school day.

It is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours (for example, three times a day i.e. before and immediately after school and before bedtime). If this is not possible (for example if the GP specifies that the medicine should be taken four times a day), parents must complete and sign a parental agreement for the school to administer medicine form prior to staff members administering any medication (and assuming staff have agreed to do this).

The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather

than in its original container. At Claygate Primary School all medicines provided by parents will be stored in a secured cabinet in the Medical Room. Inhalers and adrenalin pens are kept in sealed boxes, clearly marked with the appropriate child's name. Information regarding emergency procedures are kept inside the box with the child's healthcare plan.

No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

Controlled Drugs

School staff may administer a controlled drug to the child for whom it has been prescribed.

Non-prescribed Medicines

Staff should never give non-prescribed medicine e.g. paracetamol to a child unless there is specific prior written permission from the parents. Parents must complete the form, 'Pupil Medication Request' prior to any medicine being administered by school staff. Parents are asked to give written permission for any paracetamol suspension to be administered once in an emergency. Parents would also be contacted by phone where it was felt a child needed an emergency dose. The school holds a supply of 'Calpol' sachets, in date and a record is kept if paracetamol suspension is administered. In such cases only one dose should be given to a child during the day. Details of the medicine administered must be recorded. A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Administering Medicines

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away. Children with an adrenalin pen also have one available in the Medical Room. Normally medicines will be kept under the control of the school office unless other arrangements are made with the parent. The Pupil Medication request form also forms the record of all medicines administered to children by staff. This is kept in the Medical Room. This must be completed on each occasion that medicine is administered to a child.

Written records will be kept of any medication administered to children. A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

When a child refuses medicine the parent should be informed on the same day.

Where medicines need to be refrigerated, they will be stored in a fridge in the medical room. There must be restricted access to a refrigerator holding medicines.

When no longer required, medicines will be returned to the parent to arrange for safe disposal.

Each term medicines are collected by the parents and any not collected are disposed of/

Sharps boxes should always be used for the disposal of needles and other sharps.

Emergency Procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

Administration of Medicines on Trips and Visits

The school will make all reasonable adjustments to ensure that children may take a full part in all aspects of the curriculum. Where a child requires medication to be administered on a visit, it is the responsibility of the visit organiser to assess the practicalities of administering such medicine as is required. They should also carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

At CPS, children with medical conditions/medicines must be under the supervision of a trained member of staff, who is also responsible for carrying the medicine and healthcare plan.

Claygate Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

Self-Management of Medicine

Children at Claygate Primary School do not manage their own medication. All administration of medicines is undertaken by adults. The only exception is asthma inhalers. Children may administer their own prescribed inhaler under adult supervision.

Individual Health Care Plans

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Claygate Primary School works with parents, the child, school nurses and other healthcare professionals such as GPs and paediatricians to ensure children are properly supported.

The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A. A model health care plan is provided at Annex B.

An Individual Health Care Plan will 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. Different children with the same

health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan.

When deciding what information should be recorded on individual healthcare plans, the Governing Body will consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the child'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. the size of classrooms, access to tables at lunchtime
- specific support for the pupil's educational, social and emotional needs e.g. how absences will be managed, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies.
- 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 Head Teacher for medication to be administered by a member of staff
- separate arrangements or procedures required for school visits or other school activities outside 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 individual healthcare plan.

Individual healthcare plans, (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 will 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. Children 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.

For children who are due to start school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Access to the School's Emergency Procedures

In the case of an emergency the school's emergency procedures as outlined in the Health and Safety policy will be followed.

Unacceptable Practice

Claygate Primary School, follows the DfE guidelines with regard to unacceptable practice. It is unacceptable 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 e.g. 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.

Liability and Indemnity

Staff at the school are indemnified under the County Council insurance arrangements. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Head teacher. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Further Information and Guidance

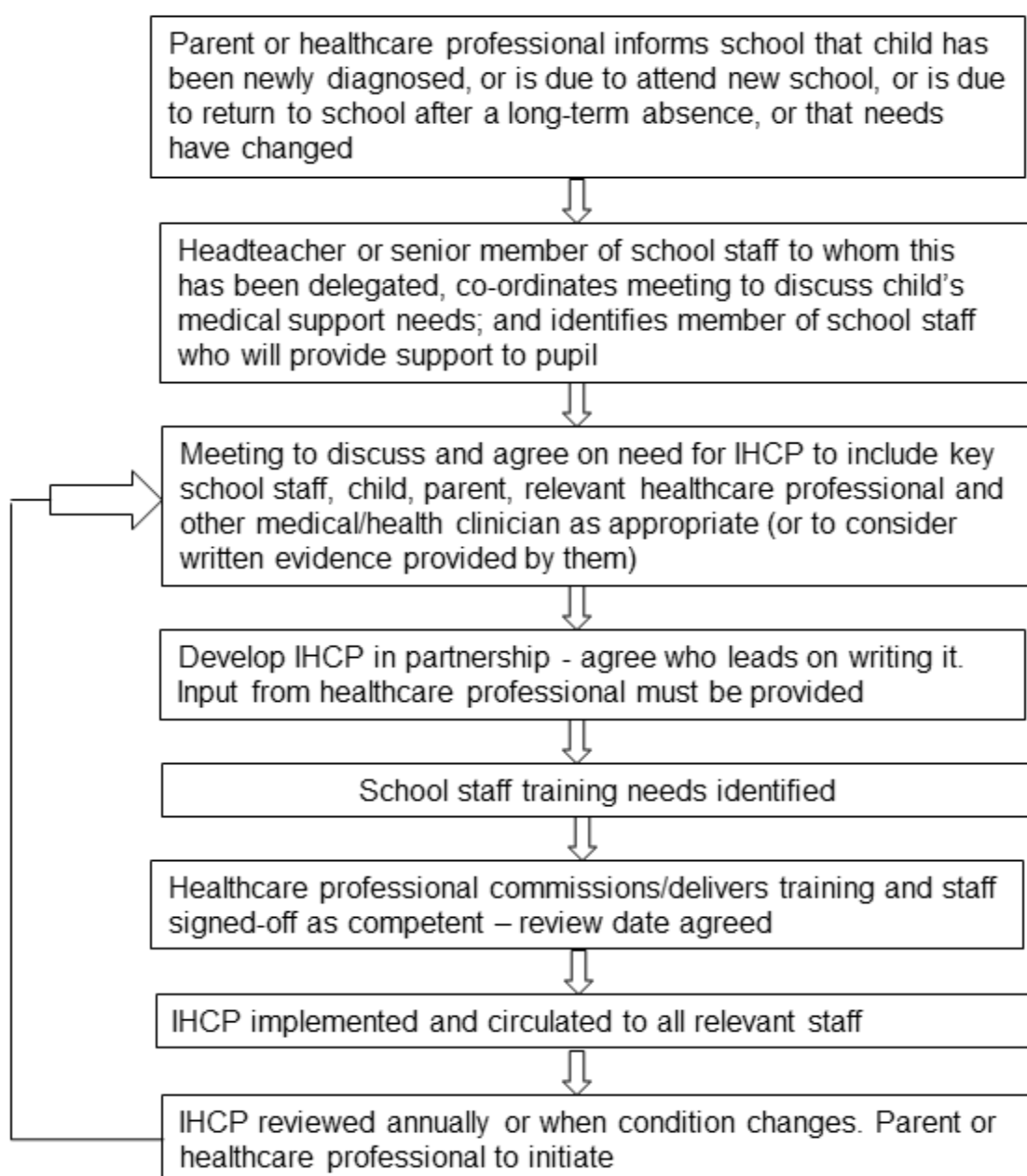
Further information and guidance are contained within the DfES and Department of Health guidance: 'Managing Medicines in Schools and Early Years Settings' (March 2005) and the DfE statutory guidance 'Supporting pupils at school with medical conditions' (September 2014) and Surrey County Council's Guidelines 'Young People's Health and the administration of Medicines'. Reference should also be made to each school's Health and Safety Policy. Complaints about policy and procedures in administering medicines should be referred to the head teacher initially for discussion. A formal complaint may also be made to the school or DfE (if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted).

This policy also links to our policies on
Safeguarding
Health and safety
PSHE
Drug Education
Intimate Care

Annexe A

Process for developing individual healthcare plan

Taken from “Supporting pupils at school with medical conditions
Statutory guidance for governing bodies of maintained schools and proprietors of academies
in England” DfE September 2014



Annex B Individual Healthcare Plan

Name of school	Claygate Primary School
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

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

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

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



Policy and Guidelines for Administering First Aid

Rationale:

The aim of this policy is to set out guidelines for staff in the administration of 'First Aid' and to determine whether or not the child is in the need of 'First Aid' or merely 'pastoral care'. Having such clarity helps us to ensure we are providing the best possible provision for safeguarding our children. This is in line with 'Guidance for Working Practice for Adults Who Work with Children and Young People' (DCSF 2009).

Classification and Staffing:

Staff designated responsibility for First Aid are 'First Aiders'. They attend regular training and have current certification:

One of the above **MUST** be consulted in the event that a child (or member of staff) should sustain a major injury or an injury of the following nature:

- Cut to head
- Bang to the head/face/mouth
- Suspected sprain/break
- Burn
- Stings: bee, wasp or insect sting (possible allergic reaction)

In addition, one of the above members of staff **MUST** be consulted to treat children with specific care plans. The Care Plan **must** also be consulted.

Minor Injury:

First Aiders need NOT be consulted for 'pastoral care':

- Minor cuts and grazes
- Children who feel sick or who have vomited
- Bruises
- Minor bumps

Each classroom has its own First Aid kit.

After treatment the class teacher will inform the parent via Home School Book AND where possible will also inform the parent/carer in person at the end of the school day.

First Aid:

In the event of a MAJOR INJURY:

- Designated First aider called
- Informed assessment of injury undertaken
- Appropriate treatment
- Incident Form completed

If Ambulance required (follow guidelines on Office wall)

- Parent contacted
- Head (or DHT) notified immediately
- Follow Paramedic advice eg 'nil by mouth'
- Determine who will go in ambulance if parents are not able to get to school in time

Incidents during the day should be treated as follows:

- During lesson:
 - minor injury / feeling ill – treatment in the classroom
 - child sent to Office where appropriate action will be taken
 - a walkie-talkie is in each classroom for emergency communication with the Office
 - Emergency Star located on a hook next to the door of EVERY room to be sent to the Office for immediate response. The children are aware of this procedure in case the emergency involves the teacher.
- During PE:
 - child sent to Office where appropriate action will be taken
 - treatment using class first aid kit
 - a walkie-talkie is taken outside for emergency communication with the Office
- During Break time:
 - Staff have first aid bags
 - child sent to Office where appropriate action will be taken
 - a walkie-talkie is taken outside for emergency communication with the Office
- Lunch time:
 - all mid-day supervisors may carry out pastoral care and follow guidelines outlined above.
 - child sent to Office where appropriate action will be taken
 - Walkie-talkies provide immediate support from First Aiders in an emergency.

If a child feels unwell, the class teacher will be notified so an informed decision can be made. Should the decision be that the child is to go home the Head Teacher / DHT are to be notified.

Asthma:

- All staff have annual training regarding signs of an asthma attack, prevention and use of inhalers.
- There are a number of children in the school requiring inhalers.
- The administration of an inhaler; children sent to Office as per the plan.
- The school has an emergency inhaler which is kept in the Medical Room

Epipens:

- There are a number of children in the school requiring 'epipens'.
- All staff have annual training regarding epipen administration.
- In the case of allergic reaction: follow healthcare plan
- The school has 2 emergency epipens suitable for the age range of children in school.

The administration of an 'epipen' MUST BE CARRIED OUT BY THE NEAREST MEMBER OF STAFF in the event of an emergency and/or when anaphylactic shock is apparent IRRESPECTIVE of whether antihistamine (piriton) has already been administered.

Call ambulance

Inform parents

Ensure barrier is open and ambulance has clear entry with a member of staff at entrance to flag vehicle

Record timings of administration

Identify staff member to accompany child if parent isn't there on time

Class Medical List / Care Plans:

Children with a specific need (including dietary requirements) are listed in the front of each register and contained in the First Aid Folder in the office.

All staff familiarise themselves with all children with medical needs and meet with parents as appropriate. The red file in the Staff Room and the Kitchen has details of those children staff MUST be aware of.

Incident Reporting:

All incidents requiring First Aid (major or minor) are recorded **using the online accident form** .

Significant incidents should be reported to the Head teacher / SLT.

Child's name:

Class:

Date / Time:

Injury / symptoms:

Treatment:
Location / How it happened:
Treated by:
Parent informed: note / phone call / telephone call –
Date / Time:
Further action:

Incidents will be reviewed by the SBM and Admissions and Attendance Officer on a half termly basis to see if there any trends in injuries or incidents.

First Aid:

The Medical Room cupboard contains individual medications and Care Plans.

The Medical Room also has general supplies for minor treatments.

Mid-Day Supervisors each carry a First Aid Bag

- Antiseptic Creams are NOT permitted in case of allergic reaction.
- The school has a supply of paracetamol suspension individual sachets.
- Elastoplasts may be used for cuts/grazes (individual children with allergies provide their own.
- Buckets and vomit bags are kept in the Office.
- Each teacher has a First Aid wallet containing a forehead thermometer, elastoplasts, vomit bags and rubber gloves under their Emergency Star.

Risk Assessment:

Trips:

- A risk assessment is undertaken by the group leader and shared with staff on the trip which includes a list of children and their specific needs
- Staff take medication pertinent to specific children.
- Children with Asthma/epipens MUST be in a group with a trained member of staff.
- In severe cases, reasonable adaptations may be considered or a parent may be required to accompany their child
- Staff take a general First Aid Back Pack additional packs may be required for additional groups.

Activities:

- Activities involving contact with allergens require a Risk assessment.
- Activities involving close contact or consumption of any foods must be fully risk assessed

Treats:

- Edible Birthday treats are NOT allowed due to possible issues re dietary requirements (plus we are a healthy school)

Templates

Supporting pupils with medical conditions

May 2014

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Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. 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.

Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

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

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

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

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

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

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

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

Staff signature _____

Signature of parent _____

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

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

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

Date

Time given

Dose given

Name of member of
staff

Staff initials

Date

Time given

Dose given

Name of member of
staff

Staff initials

Date

Time given

Dose given

Name of member of
staff

Staff initials

Date

Time given

Dose given

Name of member of
staff

Staff initials

Template D: record of medicine administered to all children

Name of school/setting

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[illegible]

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



Department
for Education

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