Frank Barnes School for Deaf Children

Supporting Pupils with Medical Conditions

Frank Barnes
School for Deaf Children

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- Pupils with medical needs are not disadvantaged or excluded from any aspect of school life

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure, as far as possible, someone is available to support pupils with medical conditions and minimise any risks.
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs) and ensure they are regularly updated.

The named person with responsibility for implementing this policy is the Headteacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will (through delegation to the SENCO):

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition/medical need
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing/community nursing services in the case of any pupil 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
- Ensure that monitoring and evaluation systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training (including refresher training), and will achieve the necessary level of competency before doing so.

Staff will ensure accurate records are kept of any medication administered,

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help, including in emergencies. Monitor and report changes: Staff should inform the SENDCO, Headteacher, or relevant medical lead if a pupil's medical condition changes or if they notice patterns that may affect learning or safety.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- Update school using the parental agreement for the administration of medication form when there is any change to the medicine given in school hours.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

Pupils will be supported by staff to develop the language needed to describe how they are feeling, particularly in relation to their medical needs and any changes. They will be supported with self-management where appropriate, and to develop an understanding of their own medical needs.

3.6 School nurses and other healthcare professionals

Our school nursing service, community nursing team and parents will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GP and Paediatrician, will liaise with the SENCO and school's nurse and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs and carrying out risk assessments.

4. Equal/equitable opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. These include providing

mobility aids, or other suitable/appropriate equipment that may be required to facilitate support for pupils with medical needs, e.g. wheelchairs, buggies, etc.

Risk assessments and contingency plans will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

- As part of the admissions process parents/carers are asked if their child has any medical conditions.
- If a pupil has a short-term, or long term but not complex, medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a Parental agreement for administrating medicine form (see appendix 2) must be completed and signed by the parent/carer.

We use an Individual Health Care Plan (see appendix 1) 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. Further documentation can be attached to the Individual Health Care Plan if required.

Individual health care plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention maybe needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex.

Examples of complex health needs which may generate an Individual Health Care Plan following discussion with a school nurse, parents'/carers and SENCO/ are as follows:

The child has:

- diabetes;
- gastrostomy feeds;
- a tracheostomy;
- anaphylaxis;
- a central line or other long term venous access;

- asthma that has required a hospital admission within the last 12 months;
- epilepsy with rescue medication.

An Individual Health Care Plan, 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:

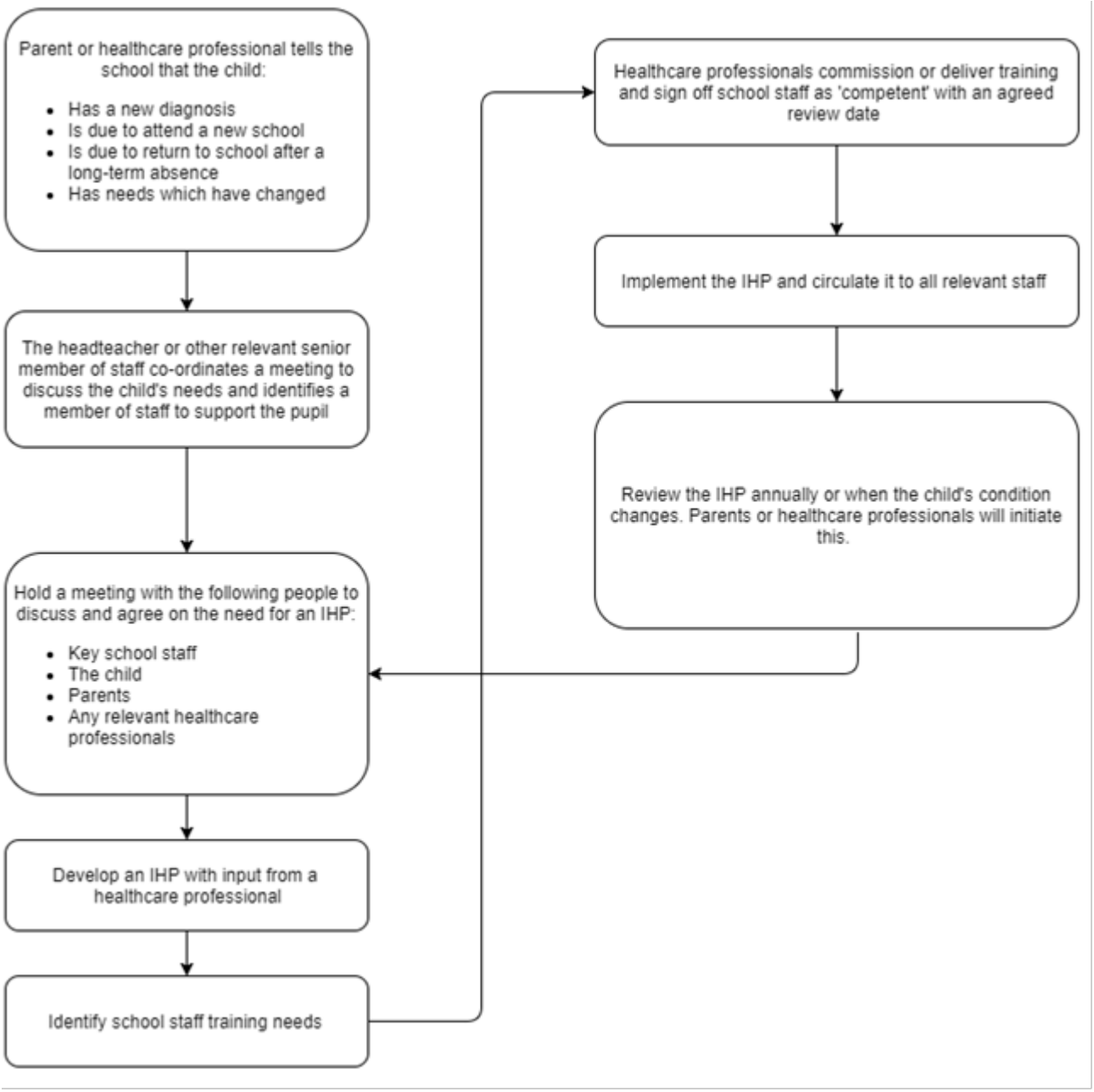
- at the start of the school year;
- at enrolment;
- when a diagnosis is first communicated to the school;
- transition discussions;
- new diagnosis.

It is the parent's responsibility to fill in the Individual Health Care Plan in collaboration with the relevant medical professionals and return the completed form to the school office. A child will not be permitted to start onsite at school until an IHC plan has been completed and the relevant staff training carried out.

The finalised IHC plan will be given to parents/carers, school and school nurse / medical professionals.

The school will ensure that a relevant member of school staff is present, if required, to help draw up an IHC plan for pupils with complex health or educational needs. In the very unlikely event that a trained staff member is unable to be present, then the school will contact the parents/medical teams to discuss and resolve.

School will liaise with healthcare teams to arrange necessary training for staff, including update/refresher training as and when needed. The flowchart below summarises this process:



6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Special Education Needs Coordinator (SENCO).

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents (see appendix 7 – template letter to parents) and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, Headteacher and SENCO with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil'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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition

- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Only prescription medicines will be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely and in accordance with the manufacturer's instructions, paying particular note to temperature. All non-emergency medication is kept in a secure place, in a cupboard in the medical room unless it has been agreed to store in a secure cupboard in the classroom e.g., asthma inhaler, Epipens, Buccal Midazolan (for seizures) and Insulin (for diabetes). Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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

A member of the Frank Barnes School business team will check the expiry dates for all medication stored at school each term (i.e. three times a year). However, staff administering medications should also check expiry dates when administering medications as an extra precaution to ensure medications administered are in-date.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Where medicines need to go back and forth between home and school each day, the medicine will be handed to staff by the parent or escort on arrival at school and the same at the end of the day.

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 are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

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.

Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept securely in the medical room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Residential Visits

Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

All residential visit forms are taken by the relevant staff member on visits where medication is required. These are accompanied by a copy of the pupil's Individual Health Care Plan.

All parents/carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication at night or in the morning if required.

The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away. A copy of the Individual Health Care Plan and equipment/medication must be taken on off-site activities.

7.3 Pupils managing their own needs

Pupils who are assessed to be competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs and documented in their medical administration form.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.4 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents. Ignore medical evidence or opinion (although this may be challenged)
- Changes to medication type or dosage must always be done in writing. A verbal change is unacceptable and must come direct from the parent and not through the escort unless in writing.
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

We are committed to working towards reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

Staff have been updated on medical conditions. This update includes information on how to avoid and reduce exposure to triggers for common medical conditions.

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Contacting Emergency Services

Requesting an ambulance - dial 9 to access an outside line then 999, ask for an ambulance and be ready with the information below. Deaf staff can use BSL999 app on the school's phone to contact emergency services, or make use of SignVideo video relay interpreter in case there is no physical interpreter available.

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

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the SENCO and SMT member responsible for training. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Ensure staff understand and know about the safe storage and location of medication in school

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

The school will maintain a register of staff who have had the relevant training; it is the schools' responsibility to arrange this.

The school should risk assess the number of first aiders it needs and ensure the first aiders are suitably trained to carry out their responsibilities.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. This information will be shared with the governor with responsibility for SEND. Parents will be informed if their pupil has been unwell at school.

Individual HealthCare plan (Appendix 1) - this provided to parents as part of the admissions process and is completed by them with the assistance, where required, of a health professional.

Parental Agreement for Administrating Medicine (Appendix 2) – where medications need to be administered during school hours parents must first complete this form. All changes to medication must be updated in writing by the completion of a new form.

Staff Training Record (appendix 3) – The school will keep a record of all training undertaken by staff in relation to the general and specific medical conditions of our current of future cohort.

Record of Medicine administered to an individual child (appendix 4) The record of Medicine administered to an individual child may be used if a child has ongoing regular medications. The class teacher will delegate responsibility to a TA or the child's 1:1 TA to take the child to the medical room to give the medication, administration of medication must be witnessed by a second TA, and a record of the medication administration is logged and signed on this record sheet.

Individual Health Care Plans are used to create a centralised register of pupils with complex health needs. The SENCO has responsibility for the register. IHPs are readily accessible; a copy is filed in the medical room and in the pupil file on the school network and on the Evolve Accident Book. All staff are made aware of where to access pupil IHP's.

We ensure that there is a clear and accessible system for identifying pupils with Individual Health Care Plans/medical needs such as names being 'flagged' on the Management Information System (MIS). All medical records, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are held in the medical folders in the medical room and on the MIS (Arbor) and Evolve Accident Book and this is kept up to date by members of the business team and SENCO.

The SENCO follows up with the parents/carers and health professional if further detail on a pupil's Individual Health Care Plan is required or if permission or administration of medication is unclear or incomplete.

11. Liability and indemnity

The governing board via the Health and Safety Committee will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Risk assessments are carried out by school staff prior to any out-of-school visit or off-site provision and medical conditions are considered during this process. We consider how all pupils will be able to access the activities proposed; how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the class teacher in the first instance. If the class teacher cannot resolve the matter, they will direct parents to the school's complaints procedure. All details regarding our complaints procedures are outlined in the school's Complaints Policy.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding and Child Protection
- Special educational needs information report and policy

15. Document Control

Effective Date	Spring 2026

Appendix 1: Individual Health Care 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)	
(mobile)	
Email	
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

Appendix 2: Parental agreement for administrating 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_____

Appendix 3: 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

Appendix 4: 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			

Appendix 5: Medical information, procedures, roles and responsibilities

Capturing Initial Pupil Medical Information: This is captured via the pupil information forms that parents complete as part of the admissions process.	
ACTION	**PERSON/S RESPONSIBLE**
Add to Arbor	Business Team (Receptionist)
Notify Class Teacher	Business Team (Receptionist)
Dissemination of pupil medical information	Business Team unless the information has been received by the SENCO, Class Teacher, 1:1 or SLT
Update changes to Pupil medication	Business Team unless the information has been received by the SENCO, Class Teacher, 1:1 or SLT
Pupil Medication - Monitor expiry dates/ medication running out	TAs, 1:1, anyone administering medication
Record administering of medication	Anyone authorised to give medication (normally first aiders) plus one witness
Notify the Kitchen of specific dietary requirements	Business Team Class Teacher or Duty Staff to monitor
Review of Medical Information: The information may come from parents into the school office, to the class teacher, via an annual review to the SENCO	
ACTION	**PERSON/S RESPONSIBLE**
Raise as part of Annual Review	SENCO, Chair of the meeting
General Medications:	
ACTION	**PERSON/S RESPONSIBLE**
Monitor stock levels	All staff and report back to Business Team
Ordering new stock	Business Team (Receptionist)
First Aid:	
ACTION	**PERSON/S RESPONSIBLE**
Maintaining stock in first aid bags	Classroom staff to monitor use and advise business of items needed
Administering Pupil Medications	First Aid trained staff
Emergency First Aid	All staff trained or untrained can give emergency first aid
Arranging for First Aid Training	SMT to select named first aiders. DHT to arrange training

Appendix 6: 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 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 *(Insert Date).* 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