

# Supporting Pupils with Medical Conditions Policy

January 2017

## Statement of intent

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

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

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

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

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

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

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

## 1. Legislative framework

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

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The NHS Act 2006
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971

- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014

1.2. This policy also has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfEE (2000) 'First aid in schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'

## **2. The role of the governing body**

2.1. The governing body:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

2.2. The Executive Headteacher holds overall responsibility for policy implementation.

## **3. The role of the Executive headteacher**

### 3.1. The executive headteacher:

- Ensures that this policy is effectively implemented with partners.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare (IHC) plans, including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHC plans.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Arrange for contact to the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

## 4. The role of parents/carers

### 4.1. Parents/carers:

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

## 5. The role of pupils

### 5.1. Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHC plan.
- Are sensitive to the needs of pupils with medical conditions.

## 6. The role of school staff

### 6.1. School staff:

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

## **7. The role of the school nurse**

### 7.1. The school nurse:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHC plans and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

## **8. The role of clinical commissioning groups (CCGs)**

### 8.1. CCGs:

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

## **9. The role of other healthcare professionals**

### 9.1. Other healthcare professionals, including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHC plans.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

## **10. The role of providers of health services**

10.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

## **11. The role of the LA**

### 11.1. The LA:

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.

- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHC plans can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

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

## 12. The role of Ofsted

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

## 13. Admissions

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

## 14. Notification procedure

- 14.1. When the school is notified that a pupil has a medical condition that requires support in school, the **school nurse** informs the **headteacher**. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHC plan (outlined in detail in [section 18](#)).
- 14.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
- 14.3. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- 14.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

## 15. Staff training and support

- 15.1. Any staff member providing support to a pupil with medical conditions receives suitable training.
- 15.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 15.3. Training needs are assessed by the school nurse through the development and review of IHC plans, on a termly basis for all school staff, and when a new staff member arrives.
- 15.4. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHC plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 15.5. The school nurse confirms the proficiency of staff in performing medical procedures or providing medication.
- 15.6. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 15.7. Whole school awareness training is carried out on a regular basis for all staff, and included in the induction of new staff members.
- 15.8. The SENCO identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 15.9. Training is commissioned by the school and provided by the following bodies:
  - A Commercial training provider
  - The school nurse
  - Parents/carers of pupils with medical conditions
- 15.10. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

## **16. Self-management**

- 16.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHC plan.
- 16.2. Where possible, pupils are allowed to carry their own medicines and relevant devices.
- 16.3. Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- 16.4. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHC plan is followed.

Following such an event, parents/carers are informed so that alternative options can be considered.

- 16.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Drugs and Alcohol Policy.

## **17. Supply teachers and staff absence**

- 17.1. Supply teachers are:

- Provided access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

## **18. Individual healthcare (IHC) plans**

- 18.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHC plan is required for a pupil, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the headteacher makes the final decision.

- 18.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHC plans. Where appropriate, the pupil is also involved in the process.

- 18.3. IHC plans include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support.
- The training needs, expectations of the role and who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.

- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
  - Separate arrangements or procedures required during school trips and activities.
  - Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
  - What to do in an emergency, including contact details and contingency arrangements.
- 18.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHC plan.
- 18.5. IHC plans are easily accessible to those who need to refer to them, but confidentiality is preserved.
- 18.6. IHC plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 18.7. Where a pupil has an education, health and care (EHC) plan or special needs statement, the IHC plan is linked to it or becomes part of it.
- 18.8. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHC plan.
- 18.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHC plan identifies the support the child needs to reintegrate.

## **19. Managing medicines**

- 19.1. In accordance with the school's Administering Medication Policy, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 19.2. Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.
- 19.3. Non-prescription medicines may be administered in the following situations:
- When it would be detrimental to the pupil's health not to do so AND
  - When instructed by a medical professional
- 19.4. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

- 19.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 19.6. Parents/carers are informed any time medication is administered that is not agreed in an IHC plan.
- 19.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- 19.8. All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed who holds the key to the relevant storage facility.
- 19.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 19.10. Controlled drugs are stored in a locked container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- 19.11. The school holds asthma inhalers for emergency use. The inhalers are stored in classes and their use is recorded. Inhalers are always used in line with the school's Asthma Policy.
- 19.12. Staff may administer a controlled drug to a child for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- 19.13. Records are kept of all medicines administered to individual children – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

## **20. Record keeping**

- 20.1. In accordance with paragraphs 19.10, 19.11, 19.12 and 19.13, written records are kept of all medicines administered to children.
- 20.2. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

## **21. Emergency procedures**

- 21.1. Medical emergencies are dealt with under the school's emergency procedures.
- 21.2. Where an IHC plan is in place, it should detail:
  - What constitutes an emergency.

- What to do in an emergency.
- 21.3. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.
- 21.4. If a pupil needs to be taken to hospital, a member of staff remains with the child until their parents/carers arrive.
- 21.5. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

## **22. Day trips, residential visits and sporting activities**

- 22.1. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- 22.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.
- 22.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

## **23. Unacceptable practice**

- 23.1. The school will never:
- Assume that pupils with the same condition require the same treatment.
  - Prevent pupils from easily accessing their inhalers and medication.
  - Ignore the views of the pupil and/or their parents/carers.
  - Ignore medical evidence or opinion.
  - Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.
  - Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
  - Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
  - Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
  - Create barriers to children participating in school life, including school trips.
  - Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## **24. Liability and indemnity**

- 24.1. The governing body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
- 24.2. The school holds an insurance policy with NCC covering liability relating to the administration of medication. The policy has the following requirements:
  - All staff must have undertaken appropriate training.
- 24.3. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

## **25. Complaints**

- 25.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 25.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.
- 25.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 25.4. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## **26. Home-to-school transport**

- 26.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- 26.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

## **27. Defibrillators**

- 27.1. The school has an automated external defibrillator (AED).
- 27.2. The AED is stored on the outside wall by the Headteacher's Office in a locked, alarmed cabinet.
- 27.3. All staff members and pupils are aware of the AED's location and what to do in an emergency.
- 27.4. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

## **28. Policy review**

28.1. This policy is reviewed every 2 years by the headteacher.

28.2. The scheduled review date for this policy is January 2019.

**Appendix a - Individual Healthcare Plan Implementation Procedure**

1

- A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.

2

- The headteacher coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil.

3

- A meeting is held to discuss and agree on the need for an individual healthcare (IHC) plan.

4

- An IHC plan is developed in partnership with healthcare professionals, and agreement is reached on who leads.

5

- School staff training needs are identified.

6

- Training is delivered to staff and review dates are agreed.

7

- The IHC plan is implemented and circulated to relevant staff.

8

- The IHC plan is reviewed annually or when the condition changes (revert back to step 3).

## Appendix b - Individual Healthcare Plan

Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

### Family contact information

Name:

Phone number (work):

(home):

(mobile):

Name:

Relationship to child:

Phone number (work):

(home):

(mobile):

### Clinic/hospital contact

Name:

Phone number:

### Child's GP

Name:

Phone number:

Who is responsible for providing support in school?

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

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

Daily care requirements:

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

Arrangements for school visits/trips:

Other information:

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

--

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

--

Plan developed with:

--

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

--

Form copied to:

--

## Appendix c - Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

### Administration of medication form

Date for review to be initiated by:

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:

Any side effects that the school needs to know about:

Self-administration – Y/N:

Procedures to take in an emergency:


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

### Contact details

Name:

Daytime telephone number:

Relationship to child:

Address:

I understand that I must deliver the medicine personally to:

(Name of staff member)

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

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Appendix d - Record of Medicine Administered to an Individual Child

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:


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:





## Appendix f - Staff Training Record – Administration of Medication

Name of school:

Name of staff member:

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 pertaining to (treatment type). I recommend that the training is updated by (name of member of staff).

Trainer's signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date:

## **Appendix g - Contacting Emergency Services**

### **To be stored by the phone in the school office**

**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.**

- The telephone number: (school phone number).
- Your name.
- Your location as follows: (full address of school).
- The satnav postcode: (school postcode).
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

## **Appendix h - Letter Inviting Parents/Carers to Contribute to Individual Healthcare Plan Development**

Dear Parent/Carer,

### **RE: 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 with the school, parents/carers, 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 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 (start date). I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the headteacher), a relevant healthcare professional and the school nurse. 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 to the school office, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email (email address) or to speak by phone if this would be helpful.

Yours sincerely,

Headteacher

