

Whingate Primary School
Supporting Pupils with Medical Conditions

March 2026



Signed by _____

Ratified: _____

Date of Next Review: March 2027

Health and Safety Handbook for Schools

SUPPORTING CHILDREN / YOUNG PERSONS WITH MEDICAL CONDITIONS POLICY V1.0 2022 –

TO BE USED IN CONJUNCTION WITH

**PG505 - Supporting pupils with Medical Conditions
in School / DfE document “Supporting pupils at
school with medical conditions”**

SUPPORTING CHILDREN / YOUNG PERSONS WITH MEDICAL CONDITIONS

POLICY FOR *Whingate Primary School*

1. Introduction

This policy is written to support those children and young people with individual medical conditions and outlines how their conditions will be met at *Whingate Primary School*.

This policy and the supporting guidance [PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"](#) should be read together and aim to ensure that:

1. Children / young people, staff and parents / carers understand how our school will support children / young people with medical conditions.
2. The whole school environment is inclusive and favourable to children and young people with medical conditions. This includes the physical environment, as well as social, sporting, and educational activities.
3. Our staff are trained in the impact medical conditions can have on children and young people in order to be safe, welcoming, and supportive of children and young people with medical conditions.
4. Our school understands that children and young people with the same medical condition will not necessarily have the same needs.
5. Our staff understand their duty of care to children and young people with medical conditions and know what to do in the event of an emergency.

2. Policy Statement

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with equal opportunities in our school.

This policy and supporting guidance [PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"](#) 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 children and young people at their school with medical conditions. It is also based on the Department for Education's statutory guidance on [supporting children / young persons with medical conditions at school](#).

This policy and supporting guidance [PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"](#) describe the essential criteria for how we will meet the needs of children and young people with short, long-term and / or complex medical conditions, including diabetes and asthma. No child or young person will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we must ensure that children / young person's health is not put at unnecessary risk from, for example, infectious diseases. There may be times we cannot accept a child / young person in school where it would be seriously detrimental to the health of that child / young person or others to do so.

All relevant staff understand the medical conditions that affect children and young people at our school. We also make sure all our staff understand their duty of care to children and young people in the event of them requiring medical intervention. We accept responsibility for members of staff who give or supervise children and young people with the taking of medication / medical procedures during the school day.

The named member of our staff responsible for this medical conditions policy and its implementation is Claire Beswick.

3. Roles and responsibilities.

3.1 Our governing body.

Our governing body has ultimate responsibility to make arrangements to support children and young people with medical conditions. Our governing body will also ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

They will do this by:

- Regular reviews of the medical conditions and provision of support in school. CaFSM records all information regarding children's needs and provision. Individual health cards are made displayed in classrooms, staffroom, kitchen and DSL/CaFSM office.
- Reporting by the school to Pupil Support Committee meetings and updates to FGB.

3.2 Our Co-Headteachers

Our Co-headteachers will:

- make sure all staff are aware of this policy and supporting guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" 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 (IHCPs), including in contingency and emergency situations,
- ensure that all staff who need to know are aware of a child's condition,
- take overall responsibility for the development and monitoring of IHCPs,
- contact the school nursing service in the case of any children and young people who have a medical condition that may require support at school, but who has not yet been brought to the attention of the school nursing service,
- ensure that systems are in place for obtaining information about a child's medical conditions and that this information is kept up to date,
- ensure that supply and peripatetic staff are made aware of relevant information to support children with medical conditions.

3.3 Our Staff.

Supporting children and young peoples 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 children and young people with medical conditions, although they will not be required to do so unless this is specifically part of their role in school. This includes the administration of medicines.

Our staff will take into account the conditions of children and young people with medical conditions that they teach. All staff will know what to do and how to respond accordingly when they become aware that a child or young person with a medical need requires help.

Our school staff are responsible for:

- following the procedures outlined in this policy and supporting guidance document PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions",
- retaining confidentiality within policy guidelines,
- contacting parents / carers and/or emergency services when necessary and without delay,
- if they have children or young persons with medical conditions in their class or group; understanding the nature of the conditions in order to adequately support them. This information will be provided to them.

The co-headteachers have overall responsibility for the development of IHCPs for children / young persons with medical conditions. The day-to-day management, production and oversight of IHCPs has been delegated to Helen Woods CaFSM.

3.4 Our Parents / Carers.

We expect that our parents / carers:

- will provide the school with sufficient and up-to-date information about their child / young persons medical conditions,
- will be involved in the development and review of their child / young persons IHCP and may be involved in its drafting,
- will carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment.
- are responsible for making sure their child / young person is well enough to attend school. Parents / carers should keep children / young people at home when they are acutely unwell.
- will provide medicines and equipment in line with this policy and supporting guidance in [PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"](#) e.g. in original labelled containers, in date and sufficient for the child / young person's conditions,
- will provide up to date contact information and ensure that they or another responsible adult are contactable at all times for if their child / young person becomes unwell at school,
- will only request medicine or medical procedures to be administered at school when it would be detrimental to their child / young person's health or school attendance not to do so,
- will provide written agreement before any medicines can be administered to their child / young person,

If an IHCP is required for their child / young person, it is expected that our parents / carers will work with our school and healthcare professionals to develop and agree it.

3.5 Our children and young people.

Children and young people with medical conditions will often be best placed to provide information about how their condition affects them. Our children and young people will be involved as far as possible in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

3.6 School nurses and other healthcare professionals.

We will work with our Local Health Authority School Health Service and Nursing Team to support the medical needs of children and young persons in our school. This may include assistance with supporting medical conditions, assistance with IHCPs, and assistance with supplementing information provided by the child's or young person's parents / carers or GP. We will also seek their advice for where specialist local health teams can be contacted for particular conditions e.g. asthma, diabetes, epilepsy etc.

The School Health Service and Nursing Team are also the main contacts for advice on training for staff to administer medication or take responsibility for other aspects of support.

The School Health Service and Nursing Team will notify our school when a child or young person has been identified as having a medical condition that will require support in school. This will be before the child or young person starts our school, wherever possible. They may also support staff to implement a child's IHCP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the School Health Service and Nursing Team and notify them of any children and young people identified as having a medical condition. They may also provide us advice on developing IHCPs.

4. Storage, administration and management of medications.

4.1 Provision of medication.

We will allow medications to be brought to school when it is essential e.g. where it would be detrimental to a child or young person's health if the medicine was not administered during the 'school day'.

Wherever possible, parents / carers are advised to request that any prescription is such that the child / young person does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose.

We will only accept medication in its original container and with the prescriber's instructions for administration if the medication is prescribed.

We will allow non prescription medication to be provided if it is essential (as above) and needs to be taken during the school day. We will follow the same procedures for all medication.

4.2 Administration of medication.

We will administer medication / medical procedures or supervise the self-administration of medication / medical procedures only where there is specific prior written permission from the parents / carers. Such written consent will need to state the medicine and the dose to be taken / or the details of the medical procedure.

We will follow the detailed guidance in [PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"](#) regarding administration of medication / medical procedures including disposal of out of date medication, record keeping and training for staff.

No child or young person under the age of 16 will be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

4.3 Self-Management.

We will allow and encourage children and young people who are competent to do so, to manage their own medication. This will be based on discussions with the child / young person and their parents / carers. Specific written consent from parents / carers will still be required. Where necessary we will supervise the child or young person whilst they are taking it.

Our school allows the following medication / medical equipment to be carried by our children and young people where it is deemed they are competent, and it is safe to do so:

- Asthma inhalers,
- Auto Injection devices,
- Allergy medication,
- Diabetes devices / insulin
- Other medication may be requested and will be considered on a case-by-case basis.

4.4 Refusal to take medicine.

We will not force a child or young person to take medication / undergo a medical procedure should they refuse.

If information provided by the parent / carer and/or GP suggests that the child or young person is at great risk due to refusal we will contact parents / carers immediately and may also seek medical advice and/or emergency services support.

Where the information provided indicates that they will not be at great risk, but parents/carers have informed us that the medication / medical procedure is required we will contact the parent/carer as soon as possible.

4.5 Storage of medication / medical devices.

We will store, manage, and dispose of out-of-date medication and medical devices in line with the detailed guidance in [PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"](#).

We will ensure that any medication required critically in the case of an emergency e.g asthma inhalers , Adrenaline Auto Injectors (AAI), insulin, is always readily available wherever the child or young person is on our school premises or off site on school visits / activities.

[We will keep a supply of emergency asthma inhalers and AAI devices in school.](#)

4.6 Emergency Situations.

Our staff will follow our school's normal emergency procedures (for example, calling 999). All children / young person's IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a child or young person needs to be taken to hospital, our staff will stay with them until the parent / carer (or designated adult) arrives, or accompany a child / young person taken to hospital by ambulance and stay with them until the parent / carer (or designated adult) arrives.

5. IHCPs and Individual Children and young people Risk Assessments (IPRAs).

We will follow the detailed guidance in [PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"](#) regarding both the development and monitoring of IHCPs and when an IPRA may be required.

We will review IHCPs at least annually, or earlier if evidence is presented that the child / young person's needs have changed.

5.1 Being notified that a child has a medical condition .

When our school is notified that a child / young person has a medical condition, the process outlined below will be followed to decide whether the child / young person requires an IHCP.

Our 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 children / young persons who are new to our school.](#)

When notification of a child with a medical condition is received, our school will:

- Gather all the required information by providing parents/carers with the appropriate form and having follow-up conversations where necessary.
- Where possible, make appropriate arrangements for staff to administer any medication or medical procedures and to receive whatever training is necessary.
- Where required, instigate an IHCP.

6. School trips, off site activities and sporting activities.

We will follow the detailed guidance in [PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions"](#) regarding school trips, off site activities and sporting activities and ensure that any medical conditions are included in the specific risk assessments for those activities.

7. Unacceptable practice

Our school staff will use their discretion and judge each case individually with reference to the child / young person's IHCP, but it is generally not acceptable to:

- Prevent children / young persons from easily accessing their inhalers, medication or administering their medication when and where necessary.
- Assume that every child / young person with the same condition requires the same treatment.
- Ignore the views of the child / young person or their parents / carers.
- Ignore medical evidence or opinion (although this may be challenged).

- Send children / young persons 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 IHCPs.
- If the child / young person becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children / young persons for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent children / young persons from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents / carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child / young person, including with toileting issues. No parent / carer should have to give up working because the school is failing to support their child / young person's medical needs.
- Prevent children / young persons from participating, or create unnecessary barriers to children / young persons participating, in any aspect of school life, including school trips.
- Administer, or ask children / young persons to administer, medicine in school toilets.

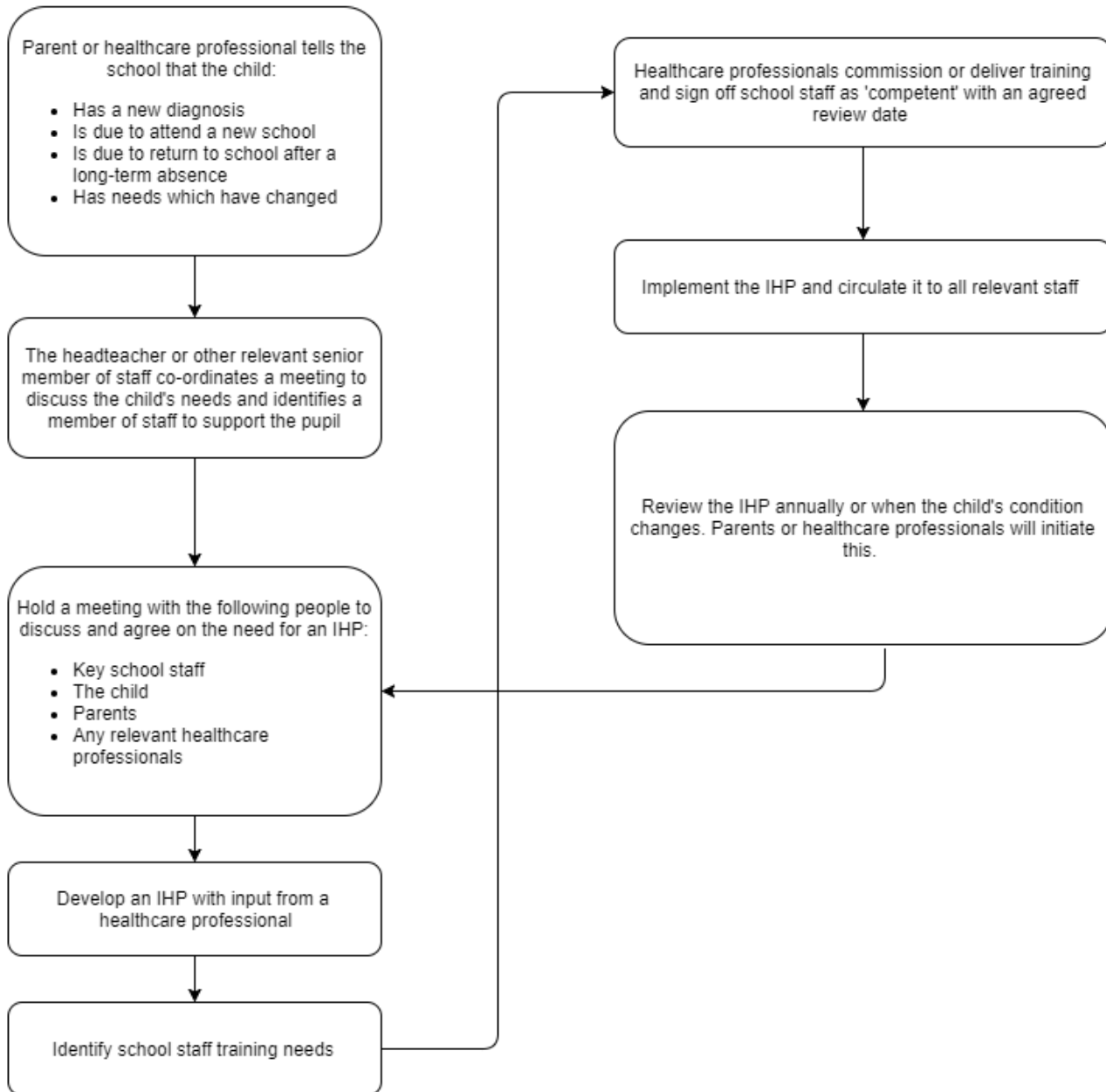
8. Complaints.

If our parents / carers or children / young people have any issues with the support provided they should initially contact admin@whingate.com Send the email addressed to Helen Woods, to discuss their concerns. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure which is published on our schools' website.

9. Review.

This policy will be reviewed and approved by our governing body at least annually.

Appendix 1: Being notified a child has a medical condition





Co-Headteachers:

Claire Beswick and Karen Loney

Chair of Governors:

Mrs Ellis Lewis

Medicines in school

The school will consider requests made by Parents in respect of the administration of medicines when:

- A child suffers from chronic long term illnesses / complaints such as Asthma (an Asthma action plan will need completing), Diabetes or Epilepsy
- A child is recovering from a short term illness but requires a course of medication prescribed by their GP
- Advice from the school nurse is that any medicines prescribed as three times per day should be administered at home and not in school

School Procedure for accepting medicines:

The school will consider requests made by parents in respect of the administration of medicines when:

- The parent completes a written request form (see reverse of form) - The request form must be resubmitted by the parent if and when there are any changes to the medicine, dosage or frequency
- The medicine is brought to school in the original packaging/container as dispensed by the pharmacy
- The medicine is handed over personally by the parent (not the child) to:
 - The Administration staff in the Office
 - A member of the First Aid team (H Woods, M Rose, J Bailey, C Dent, N Hardaker)
 - A member of the staff in the Nursery or Reception classes (because they have paediatric first aid training)

School Procedure:

- Medicines will be either self-administered by the pupil in the presence of a First Aider, or administered by a First Aider according to the dosage instruction provided by the parent
- Medicine will be stored securely. The only exception being self-administered inhalers which will be stored in the pupils' own classes

Disclaimer:

The staff in school administer medicines as a goodwill gesture and to support high attendance. I am sure you will accept that school is extremely busy and sometimes other priorities occur which need immediate attention. Therefore, the school will not be held responsible for failure to administer medication.

Please do not hesitate to contact us or Mrs Woods if you would like further information or clarification of the above.

Miss C Beswick Miss K Loney
Co-Headteacher



Whingate Primary School

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

Name of child	
Class	
Medical condition	
Name of medicine	
Quantity supplied	
Dose	
Frequency	
Time to be given	
Expiry date of medicine	
Other instructions	SHORT OR LONG TERM?
Self-administration	YES / NO

Note: medicines must be in original container as dispensed.

I give consent to school staff administering medicine in accordance with the school policy. I accept that this is a service that the school is not obliged to undertake. I understand I must notify the school of any changes in writing.

Parent Signature _____ Date _____

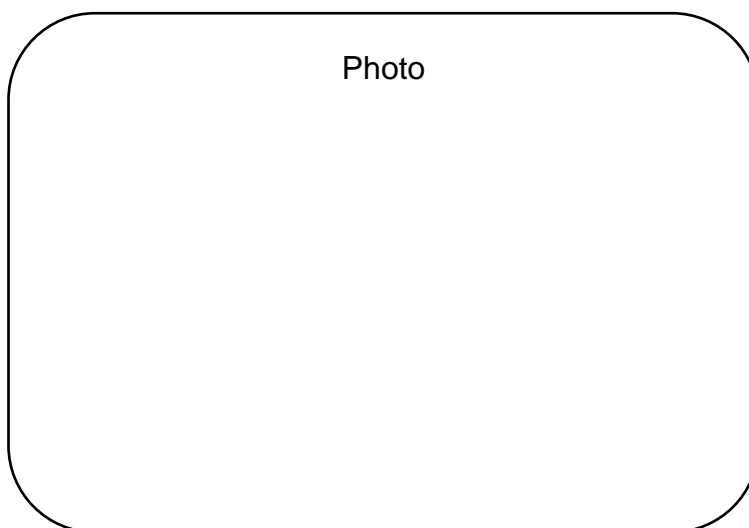
Administered By	Witnessed By	Checks: name, expiry and dose	Date	Time



Individual Healthcare Plans (IHPs) Templates and Guidance

An IHP is a shared document which:

- Recognises a child/young person's health needs
- Shares agreed daily medical care within education settings
- Shares agreed emergency medical procedures
- Recognises the impact of health needs upon the child's identity, inclusion, learning, social and emotional experiences
- Is a graduated approach including universal, targeted and specialist provision



Name of school/setting

Child's name

Group/class/form

Date of birth

Medical diagnosis or condition

Date

Review date (*at least yearly, following significant change or ahead of transitions*)

Part 1: Emergency procedure

What constitutes an emergency?

Who is responsible in an emergency (state if different at offsite provision)?

What are the emergency procedures?

Who has read this IHP and is aware of all emergency procedures:

Update whenever emergency procedure changes or staff changes

Name:	Role:	Date:

Part 2: Calling an ambulance

Dial 999, ask for an ambulance and be ready with the information below (fill this out **now**).
Speak clearly and slowly and be ready to repeat information if asked.

1. (Your telephone number) _____.
2. Your name
3. (Your location) _____.
4. (Your postcode for satellite navigation) _____.
5. Provide the exact location of the child within the school setting
6. (Child's Name) _____.
7. (Child's condition) _____.
8. Brief description of their current symptoms
9. Inform Ambulance Control of the best entrance to use and state that the crew will be met
and taken to the patient

*Put this **completed** form by the school telephone*

Part 3: Contact details

Family

Name	
Relationship to child	
(home phone number)	
(mobile phone number)	
Name	
Relationship to child	
(home phone number)	
(mobile phone number)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Address	
Phone no.	

Other external professionals involved:

Name:	Role:	Contact details:

Staff who provide support within school:

Name:	Role/responsibilities:

Child/Young person's views on their care and support needs (*Who else does the child/young person want to know about their needs? What are priorities to them? How can they share their views?*):

Members of the Leeds Children's Hospital, Youth Forum would like a link member of staff they trust and feel comfortable sharing sensitive information with, who understands their condition/s and needs. This should be someone that they like and can be available for emotional support.

Child/Young person's **'Link Person'**:

Form copied to

Staff signature _____

Signature of parent _____

*Signature of child / young person _____

**Signature of health representative _____

* Children/young people are encouraged to be fully involved in the plan. They should be supported to share their views ahead of or during the review with help from those they trust.

** If the specialist nurse/health representative has attached additional medical information, it is not necessary for them to sign the IHP.

Part 4: Medical and/or physical needs

Describe the child/young person's medical and/or physical needs (e.g., symptoms, signs/triggers, treatments, and any pertinent historical detail)

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Provision within school including any facilities, equipment, devices, accessibility, staff training, etc. needed (NB: details on medication will be in Part 6)

Provision	Cost
Total costs per annum	

If you will be applying for FFI (i.e., G band) you can record annual costing here.

Daily care needs

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Required training	
Who is trained (Name/date/valid till)	<ul style="list-style-type: none"> • •
Who needs to receive training	<ul style="list-style-type: none"> • •
Named person responsible for arranging training	

Additional detail on medical and/or physical needs:

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Impact on the family (*What effect does the child/young person's needs have upon the family? What additional support might they need and who can provide this? What support is needed for the siblings e.g., involvement/awareness in emergency procedures, information to sibling's teachers around challenging periods, etc. What communication mechanisms are in place?*)

Attendance (*Anticipated impact on attendance. Expectations around school attendance before/after appointments. What would 'good' attendance look like and how will it be celebrated?*)

Part 5: Additional needs resulting from medical and/or physical needs

Use the guidance questions below to have an open discussion (including the child where age/developmentally appropriate) regarding the additional needs which result from the child's medical and/or physical needs. Record the main points for each topic, and use the IHP provision mapping examples document to identify provision at the universal, targeted and specialist level. Revisit these questions when something significant changes in terms of needs, as part of a review or in preparation for transition.

If you will be applying for FFI (i.e., G band) you can record annual costing here.

Identity

- How do they understand their medical needs?
- What words or labels do they feel comfortable using to describe their needs? Are these different from words/labels applied to them?
- How do they want to talk about their medical needs and who do they want to share this with?
- What is their awareness and feelings about difference from their peers and how does this affect them?

Main points discussion:		
Universal provision	Targeted provision	Specialist provision
• • • • •	• • • • •	• • • • •
Costing (where needed for FFI):		

Inclusion and connection

- In what circumstances do they feel different or feel like an outsider?
- How are they supported to fully be included in school trips / Residential / School performances? What challenges are there for these and how are these catered to? (beyond physical access)
- How do peers understand or respond to their difference, and is there a need to improve perceived value within the classroom?
- How do they stay connected to school life during longer absences?

Main points discussion:		
Universal provision	Targeted provision	Specialist provision
• • • • •	• • • • •	• • • • •

Costing (where needed for FFI):		
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Social experience

- Does their medical needs affect their experiences of play/unstructured time? (what about different areas of the school, different weather, etc.)
- Do they have the same opportunities as peers to socialise and build relationships?
- When do they have opportunities to socialise without adult involvement? (recognise that adult's presence change socialising for children)
- What social experiences do they have access to outside of the usual school day? (e.g. after school club, extra-curricular activities, birthday parties, etc.)

Main discussion points:		
Universal provision	Targeted provision	Specialist provision
• • • • •	• • • • •	• • • • •
Costing (where needed for FFI):		

Emotional experience

- What challenging emotions might we expect due to the experience of having long term medical needs? (e.g. feelings of frustration, unfairness, disappointment, anger, weariness, etc.)
- What strategies do they have to address these feelings and normalised their feelings to their situation? Do they have the language and space to express this?
- When do they feel most calm, hopeful and happy? What can be done to enhance these?
- Who is school and in their home life can they go to? When can they do this?
- Are some curriculum topics or times of the year going to be more emotionally demanding for them?
- How do they / their parents / staff feel about risk and what appropriate risk taking opportunities are available to them?

Main discussion points:		
Universal provision	Targeted provision	Specialist provision
• • • • •	• • • • •	• • • • •
Costing (where needed for FFI):		

Learning experience

- How do the child's medical needs impact on their experience of different learning tasks? (Extended writing tasks / carpet time / practical learning activities / free play / PE / independent learning tasks / paired working)
- How is their attendance affected? How can their good attendance be celebrated?
- How does catch up happen, what is prioritised for catch up, and what is missed for previous work to be caught up?
- What reasonable adjustments do they need to achieve their best academically? If they need alternative exam arrangements when / how is this practiced?
- What expectations needs to be adjusted in order to recognise the impact of medical needs such as their sensations of pain, discomfort and tiredness? How is this monitored? How is this communicated by the student?

Main discussion points:		
Universal provision	Targeted provision	Specialist provision
• • • • •	• • • • •	• • • • •
Costing (where needed for FFI):		

Personal and medical care experience

- What are useful targets for their independence?
- How can they work towards co-management or monitoring of their needs?
- How is dignity and privacy maintained? How does this change as they get older?
- What mechanisms are in place to share their concerns about their care?

Main discussion points:		
Universal provision	Targeted provision	Specialist provision
• • • • •	• • • • •	• • • • •
Costing (where needed for FFI):		

Planning for future independence

- What skills will be particular to them in their adult life? How can we work towards these?
- At what point are they involved in decision making and responsibility around medical needs or planning?
- Do they make their own requests for help? How can this be balanced against high levels of support?
- How do they feel about their future? What would inspire them?

Main discussion points:		
Universal provision	Targeted provision	Specialist provision
<ul style="list-style-type: none"> • • • • • 	<ul style="list-style-type: none"> • • • • • 	<ul style="list-style-type: none"> • • • • •
Costing (where needed for FFI):		

Part 6: 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	

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 _____

Part 7: Record of medicine administered

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 _____

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			
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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			



Whingate Primary School
Whingate Road, Leeds LS12 3DS
Tel: 0113 2638910 Email: admin@whingate.com
Co-Headteachers: Claire Beswick and Karen Loney



Dear XXXX,

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 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. Mrs Woods [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,

Miss C Beswick Miss K Loney
Co-Headteacher