



Supporting Pupils with Medical Conditions Policy

Date policy last reviewed: September 2026

Statement of Intent

Radwinter CofE Primary School is committed to ensuring that all pupils with medical conditions, including allergies and asthma, are fully included in school life and are able to access the same opportunities as their peers.

We recognise that medical conditions may affect attendance, learning, participation, social relationships and emotional wellbeing. We are committed to removing barriers to participation, making reasonable adjustments where necessary and promoting the safety, inclusion and wellbeing of all pupils.

This policy should be read alongside the:

- Allergy and Anaphylaxis Policy
- Administering Medicines Policy
- First Aid Policy
- SEND Policy
- Safeguarding and Child Protection Policy
- Attendance Policy

Named Responsibilities

The Governing Body has appointed:

- Named Governor for Medical Conditions and Allergy
Jane Richardson – Vice Chair of the Governing Body
- Named Senior Leader
Emily Bartram - Headteacher
- Operational Lead
Lo Jarrold – SENDCo and Sarah McSweeney (Administrative Lead)

They will oversee the implementation, monitoring and review of arrangements for supporting pupils with medical conditions and allergies.

Roles and Responsibilities

The Governing Body will be responsible for:

- Reviewing this policy alongside the Headteacher and school nurse.
- Ensuring that this policy is readily accessible to parents and school staff.
- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the local authority (LA), health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring 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.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.

- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board 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.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The Headteacher will be responsible for:

- Reviewing this policy alongside the governing board and school nurse.
- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

Clinical commissioning groups (CCGs) will be responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.

- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil 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.

Identification of Pupils with Medical Conditions

The school will maintain an up-to-date register of pupils who:

- Have a diagnosed medical condition.
- Require medication in school.
- Have a known allergy.
- Have been prescribed an inhaler or adrenaline auto-injector.
- Require an Individual Healthcare Plan (IHP).

Information will be reviewed at least annually and whenever there is a change in a pupil's condition.

The school will not wait for a formal diagnosis before implementing reasonable support where medical needs are evident.

Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; 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.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

Notification Procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP, outlined in detail in the [IHPs](#) section of this policy.

The school will 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 will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

Staff Training and Support

All staff will receive annual awareness training covering:

- Medical conditions policy
- Asthma awareness
- Allergy awareness
- Anaphylaxis recognition
- Use of adrenaline auto-injectors
- Emergency inhalers
- Emergency procedures
- Accessing Individual Healthcare Plans

Additional condition-specific training will be provided where required.

Self-Management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

If a pupil 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 IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

Individual Healthcare Plans

An Individual Healthcare Plan (IHP) will be developed where a pupil requires ongoing support to manage a medical condition.

Plans may include:

- Current photograph
- Medical diagnosis
- Symptoms and triggers
- Medication and dosage
- Storage arrangements
- Emergency procedures
- Educational impact
- Emotional wellbeing considerations
- Reasonable adjustments
- Attendance arrangements
- Catch-up arrangements following absence
- Named staff and cover arrangements
- School visit arrangements
- Allergy Action Plans
- Asthma Action Plans

IHPs will be reviewed:

- Annually
- Following any significant change in condition
- Following any serious incident or near miss

Reasonable Adjustments

Where a medical condition constitutes a disability under the Equality Act 2010, the school will make reasonable adjustments to support participation in education.

Examples may include:

- Additional rest breaks
- Access to food or drink
- Additional toilet access
- Flexible attendance arrangements
- Adapted PE provision
- Examination access arrangements
- Alternative uniform requirements
- Access to quiet spaces
- Medical equipment access

Adjustments will be documented within the pupil's Individual Healthcare Plan.

Wellbeing of Pupils with Medical Conditions

The school recognises that medical conditions may affect a pupil's emotional wellbeing.

Pupils may experience:

- Anxiety
- Isolation
- Reduced confidence
- Bullying linked to their condition
- Concerns about participation and inclusion

The school will:

- Promote understanding of medical conditions.
- Provide emotional support where required.
- Challenge discriminatory language and behaviour.
- Take action to prevent bullying linked to medical conditions.
- Support reintegration following periods of absence.

Serious Incidents and Near Misses

The school will maintain records of:

- Serious medical incidents
- Anaphylaxis incidents
- Asthma emergencies
- Near misses involving medication or medical support

Following an incident the school will:

- Inform parents.
- Review the pupil's Individual Healthcare Plan.
- Consider whether additional staff training is required.
- Review risk assessments and procedures.
- Report incidents where required by statutory guidance.

Lessons learned from incidents and near misses will inform future policy review and staff training.

Emergency Medication and Immediate Access

The school recognises that certain medical conditions require immediate access to emergency medication.

Emergency medication may include:

- Asthma inhalers
- Adrenaline Auto Injectors (AAIs)
- Emergency epilepsy medication
- Diabetes monitoring equipment and treatment
- Other emergency medication identified in an Individual Healthcare Plan

Pupils requiring emergency medication must have immediate access to that medication at all times whilst in school, during educational visits, sporting activities, wraparound provision and any activity organised by the school.

Where pupils are capable of doing so safely, they will be encouraged to carry and self-manage their emergency medication.

Where this is not appropriate, medication will be kept in an agreed location that is:

- Clearly identified
- Accessible at all times
- Known to all relevant staff

Emergency medication will never be locked away or stored in a way that delays access during an emergency.

Arrangements for access to emergency medication will be detailed within the pupil's Individual Healthcare Plan.

Managing Medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and 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.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where

relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in classrooms, and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

Non-Prescription Medicines

The school is aware that pupils may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

The school works on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Pupils and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a pupil is deemed too unwell to be in school, they will be advised to stay at home or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.

Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.

Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child should be written on the container by an adult. Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

Paracetamol

The school is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach ache, earache, cold symptoms, and to bring down a high temperature; however, it also understands that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

The school will only administer paracetamol after consent has been obtained from the parents/carers of the child. Consent will be sought on each separate occasion before paracetamol is administered.

The school is aware that paracetamol for children is available as a syrup from the age of 2 months; and tablets (including soluble tablets) from the age of 6 years, both of which come in a range of strengths.

The school understands that children need to take a lower dose than adults, depending on their age and sometimes, weight. The school will ensure that authorised staff are fully trained and aware of the [NHS advice](#) on how and when to give paracetamol to children, as well as the recommended dosages and strength.

Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.

The school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

Allergens, Anaphylaxis and Adrenaline auto-injectors (AAIs)

Detailed procedures relating to allergy management, allergen control and anaphylaxis are contained within the school's Allergy and Anaphylaxis Policy.

The school maintains:

- A register of pupils prescribed AAIs.
- Spare AAIs in line with current guidance.
- Annual allergy and anaphylaxis training.
- Emergency procedures for allergic reactions.

All staff must familiarise themselves with the Allergy and Anaphylaxis Policy.

Pupils prescribed AAIs should, wherever possible, carry their own devices. Where this is not appropriate, devices will be stored in an immediately accessible location known to relevant staff. AAIs will never be locked away.

Pupils prescribed AAIs should normally have two devices available to school at all times.

Asthma Management

The school recognises asthma as one of the most common long-term medical conditions affecting children and acknowledges that asthma attacks can be life-threatening.

Asthma management arrangements should be read alongside the school's Allergy and Anaphylaxis Policy.

Access to Inhalers

All pupils with asthma must have immediate access to their prescribed reliever inhaler at all times.

Parents are responsible for:

- Providing inhalers to school.
- Ensuring inhalers are clearly labelled.
- Ensuring inhalers remain in date.
- Replacing inhalers when required.

Where appropriate, pupils will be encouraged to carry their own inhalers.

Where this is not appropriate, inhalers will be stored in an agreed accessible location that allows immediate access.

Inhalers accompany pupils on:

- Educational visits
- Sporting activities
- Off-site learning opportunities

Asthma Action Plans

The school will request an Asthma Action Plan for pupils with diagnosed asthma.

Pupils whose asthma significantly affects their school life or who may require emergency intervention will have an Individual Healthcare Plan alongside their Asthma Action Plan.

Emergency Asthma Inhalers

The school maintains emergency salbutamol inhalers and spacers in accordance with national guidance.

Emergency inhalers may be used where:

- Written parental consent has been obtained.
- The pupil has been prescribed a reliever inhaler.
- The pupil's own inhaler is unavailable, damaged, empty or inaccessible.

A record will be maintained of all emergency inhaler use and parents will be informed as soon as possible.

Responding to an Asthma Attack

All staff will be trained to recognise:

- Persistent coughing
- Wheezing
- Shortness of breath
- Difficulty speaking
- Chest tightness
- Distress or exhaustion

If a pupil experiences an asthma attack:

1. Reliever inhaler administered immediately.
2. Pupil monitored closely.
3. Emergency services called if symptoms do not improve rapidly or worsen.
4. Parents informed as soon as possible.

Record Keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in Appendix D and Appendix E.

Emergency Procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

What constitutes an emergency.

What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

School Trips and Off-Site Activities

Pupils with medical conditions will be enabled to participate in educational visits and off-site activities wherever reasonably possible.

Risk assessments will include consideration of:

- Medical needs
- Emergency medication
- Staffing requirements
- Training requirements
- Access to emergency services
- Allergy risks

Relevant medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip.

A member of staff is assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

The expectation should be inclusion rather than exclusion.

Unacceptable practice

The school will not:

- 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 or their parents.
- 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 IHP.
- Send an unwell pupil to the 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 feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils 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.

Liability and Indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

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.

Complaints

Parents 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. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the

Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Home-to-School Transport

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

Defibrillators

The school has a Mediana HeartOn A15 automated external defibrillator (AED). The AED will be stored in School Office.

All staff members will be made aware of the AED's location and what to do in an emergency.

No training will be 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 will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

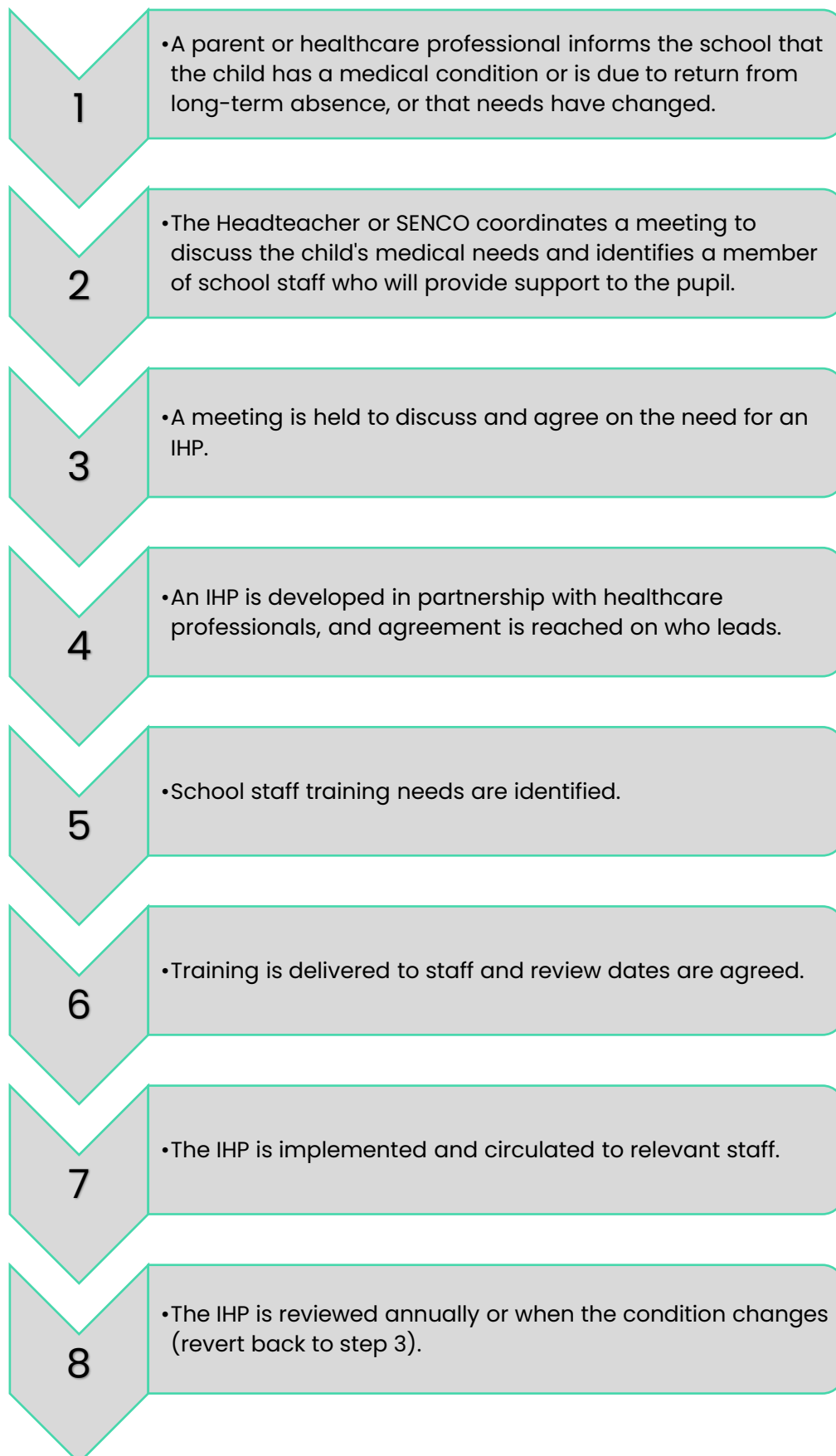
Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Monitoring and Review

This policy is reviewed on an annual basis by the governing board and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is September 2027.

Appendix A: Individual Healthcare Plan Implementation Procedure



Appendix B: Individual Healthcare Plan

Radwinter CofE Primary School/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix C: Parental Agreement for the School 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
Radwinter CofE Primary 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 D: Record of Medicine Administered to an Individual Pupil

Radwinter CofE Primary 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			

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 E: Record of All Medicine Administered to Pupils

Radwinter CofE Primary
School/setting

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Date	Child's name	Time	Name of	Dose given	Any reactions	Signature	Print name

Appendix F: Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely