



Pudsey Bolton Royd Primary School

Supporting Children with Medical Conditions Policy

Medical Policy Statement:

Pudsey Bolton Royd is an inclusive school which aims to support and welcome pupils with medical conditions to achieve their full potential. We acknowledge the DfE statutory guidance for supporting pupils at school with medical conditions (April 2014) and our policy stands alongside all other related school policies.

Aims:

The aim of this policy is to:

- Establish a means of support for children with medical needs.
- Ensure all staff in school are included in its implementation.
- Address training needs for staff.
- Set out clear guidance on the administration and storage of medication at school.
- Set out clear guidance on record keeping which shall comply with confidentiality and Data Protection.
- Ensure staff are aware of their roles and responsibilities.

Policy for Supporting Pupils at School with Medical Conditions

Policy content relates to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at school with medical conditions and with due regard to Section 100 of the Act which came into force on 1st September 2014.

Introduction

- 1. On 1st September 2014**, a new duty came into force to ensure all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 2. It is important that parents feel confident** that school will work with them to provide effective support for their child's medical condition and that pupils feel safe. School should establish relationships with relevant local health services, to receive and fully consider advice from health professionals and to value the views of parents and pupils.
- 3. Educational impact, together with social and emotional implications** need to be effectively managed. Short, long term and frequent absences are integral to establishing appropriate support to limit impact.
- 4. In the case of children who may also have disabilities** the governing body must comply with duties under the Equality Act 2010. Some may have an Education, Health and Care Plan (EHC). For children with SEND, this policy should be read in conjunction with the SEN Code of Practice (available at GOV.UK).



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The Role of the Governing Body:

Statutory Duty

1. To ensure that arrangements are in place to support pupils with medical conditions and to safeguard access and enjoyment of the same opportunities at school as any other child.
2. In making their arrangements, to consider that many of the medical conditions requiring support at school will affect quality of life and may be life-threatening. The Governing Body should ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
3. To ensure parents and pupils have confidence in the school's ability to provide effective support for medical conditions. Arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure staff are properly trained to provide the support pupils need.
4. To make certain that arrangements in place are sufficient to meet statutory responsibilities and ensure policies, plans, procedures and systems are properly and effectively implemented and include a named person who has overall responsibility for policy implementation. The named person in school is currently Mr Kim Buck, Headteacher, supported by Mrs Kath Walsh, Assistant Headteacher & Inclusion Manager, who coordinates this through school. The governor responsible for Safeguarding is currently Mr Chris Hudson.
5. To ensure that school's policy is reviewed regularly and is accessible to parents and school staff (on school's website).
6. To ensure the policy sets out procedures to be followed whenever school is notified that a pupil has a medical condition.

Non-statutory

7. All children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. No child with a medical condition should be denied admission (see School Admission Code 2012) or prevented from taking up a school place because arrangements for their medical condition have not been made. In line with safeguarding duties however, the Governing Body should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They do not therefore have to accept a child in school at times where it would be detrimental to the health of that child or others, to do so.
8. Policy implementation should include:
 - Who is responsible for ensuring sufficient staff are suitably trained. This is currently the Headteacher Kim Buck & Inclusion Manager Kath Walsh.
 - A commitment that all relevant staff will be made aware of the child's condition.
 - Cover arrangements in the event of staff absence or staff turnover is the responsibility of the Headteacher.
 - Briefing for supply teachers.



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- Risk Assessments for educational visits, extra-curricular and other school activities outside of the normal timetable.
- Monitoring of individual Healthcare Plans.

Policy Implementation

This document replaces previous guidance on Managing Medicines in Schools and Early Years Settings published in March 2005.

Early Years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage.

The Role of our School:

- To maintain confidentiality.
- To work collaboratively to provide effective support.
- Pupils in our school with medical conditions will be properly supported so that they have full access to education, including school visits and PE.
- School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, medical evidence is to be gathered in consultation with parents to ensure the right support can be put in place.
- Arrangements for children new to school should be in place in time for the start of the relevant term of admission. For children in transition or moving mid-phase, school will endeavour to ensure arrangements are put in place within four weeks.
- School will ensure individual Healthcare Plans are in place to actively support children with medical conditions; these will be essential in long term cases or where conditions fluctuate or there is a high risk of emergency intervention needed. Not all children will require a Healthcare Plan; school, health professionals and parents should agree whether a Healthcare Plan is inappropriate or disproportionate. Refer to Flowchart, **Appendix A**.
- The format of our Healthcare Plans may differ to be most effective in addressing pupil needs and capturing key information. Where a child has SEND but does not have an Education Health and Care Plan (EHCP), **special educational needs should be mentioned in their individual Healthcare Plan.**

Staff Responsibilities for Communication

- The management structure with regard to lines of communication for pupils with medical needs, will include SENDCo, the Family Support Manager, Class Teacher and Head/Deputy Headteacher. Management and administering of medication and/or support such as physiotherapy may include other members of staff whose responsibilities will be set out in the Healthcare Plan. **Template A**.
- School staff responsible for completing and reviewing individual Healthcare Plans, currently Kath Walsh (SENDCo) and Christine Morton (Family Support Manager) will do so in partnership with parents, teachers, and if needed, a relevant healthcare professional, who can best advise on the particular needs of the child. Pupils should also be involved, where appropriate.



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- School Healthcare Plans should set out steps to help the child manage their condition and overcome any potential barriers to getting the most from their education.
- Healthcare Plans will be reviewed annually - or earlier where a child's needs have changed.
- Reviews will have the child's best interests in mind, will assess and manage risks to the child's education, health and social well-being and minimise disruption.
- In the case of any child returning to school following hospital education or alternative provision (to include home tuition) school will endeavour, through collaborative working, to ensure the individual Healthcare Plan identifies the support the child will need to reintegrate effectively.
- Teachers planning school educational visits or other activities outside of the normal school timetable, should ensure the child can participate e.g. through Risk Assessments and informing the individual Healthcare Plan through communication with the management team.
- Currently Kath Walsh and Christine Morton are responsible in our school for informing the Headteacher and Deputy Headteacher together with other relevant staff (eg Lunchtime supervisors, PE teachers and class teachers) and parents, of Healthcare Plans in place for individual pupils.
- The Headteacher is responsible for ensuring sufficient staff are trained in implementing this policy and delivering on the actions outlined within Healthcare Plans effectively, including contingency and emergency situations.
- Contact should be made with the school nursing service in the case of any child who has a medical condition that may require support at school; this may include advice and liaison for training. Currently this is the responsibility of Kath Walsh, Assistant Headteacher: SENDCo & Inclusion Manager. Other health professionals should notify the school nurse when a child has been identified as having a medical condition that will require support at school or advice in completing a Healthcare Plan. Examples of this are asthma, epilepsy, and diabetes.
- Where a healthcare professional informs school, a child has been newly diagnosed, and is due to return to school after a long-term illness or that needs have changed, persons responsible for Healthcare Plans (currently Kath Walsh and Christine Morton) will seek to ensure confirmation from the healthcare professional, that arrangements are in place to meet the needs of the child and that any training requirements are met.
- Any member of staff may be asked to provide support to pupils with medical conditions. School staff should receive sufficient training and acquire a suitable level of competency before taking on the responsibility to support children with medical conditions; school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Our Healthcare Plans (*Template A*) will state:

- The pupil's medical condition, its triggers, signs, symptoms, and treatments.
- The pupil's resulting needs, to include medication and other treatments, time, equipment, facilities, dietary requirements, and environmental issues.
- What to do in an emergency - including contact details and contingency arrangements. School's 'Blue Card' system may be applicable.



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- The level of support required, for example, whether the child is self-managing their medication. A statement should also be included for appropriate monitoring arrangements.
- The persons responsible for support, their training needs, expectations, and cover arrangements when unavailable.
- Who in school needs to be aware of the child's condition and identify the support required.
- Written permission received from parents (**Template B**) covering the administering of medication by a member of the school staff or self-administered by the child. These documents are maintained in the School Office. Currently, Rona Broscombe is responsible for maintaining these.

School Roles and Responsibilities

- All prescription medicines to be administered in school are to be kept in a secure office. Documentation will be completed by staff and kept in the office for record keeping purposes: **Template C: Record of medicine administered to an individual child or Template D: Record of medicines administered to all children**. Currently Rona Broscombe in the School Office is responsible for maintaining these documents. Inhalers and creams are the only exception, and these are to be accessible to the child in their own classroom. These are to be taken to PE and swimming lessons and in addition to any off-site activities/visits. Parents are required to complete the school's medicines form(s) **Template B**.
- Any member of staff who is informed that a child is likely to be out of school for a minimum of 15 days is required to inform Kath Walsh & Christine Morton who will advise on absence coding and liaise with the class teacher regarding home / school contact / support.
- The child's teacher together with any other supporting adult(s) in school should ensure the child maintains contact with peers and is kept informed about school social events and/or online learning/study support strategies through means such as Ping messages, newsletters and the school website.
- The child's teacher will help provide education for the child, which may include discussion with SENDCo, the Family Support Manager and other supporting adults/agencies.
- School will continue to provide access to education as the child's medical condition will allow. This may include sourcing provision through a hospital school or teaching service or the home education service. Teachers are to consult with SENDCo and / or the Family Support Manager.
- To aid communication with other parties, to attend reviews and maintain contact with the pupil, SENDCo, the Community & Family Support Manager and/or Class Teacher will be named in the Healthcare Plan as the person(s) responsible.
- The views of parents and pupils will be taken into consideration during each meeting and/or review or through the person named as responsible for communication in the Healthcare Plan. This could be a named clinician / health professional. Pupils will often be best placed to provide information about how their condition affects them and in contributing to their Healthcare Plan.
- School will follow attendance guidelines and procedures to accurately record and monitor the pupil's attendance.



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- Provision of materials and/or resources for pupils absent because of medical needs will be made through the class teacher and the management structure for communication.
- School will follow policy for issues relating to children with SEND provision and will endeavour to make appropriate modifications, for example to the venue for a review.
- To support cases of long-term absence, the Family Support Manager, SENDCo and the class teacher will meet in the first instance with the parent and/or child where appropriate, to establish provision aimed at meeting the needs of the child.
- The management structure for communication will ensure any Year 6 child will have the opportunity to take Key Stage 2 SATs through ensuring the necessary modifications, in liaison with the Local Authority and STA e.g. tests taken under supervision at home or in hospital as appropriate.
- The management structure for communication will establish a plan for smooth reintegration into school following any period of absence and this is to be monitored by the child's teacher. Any concerns should be addressed through the management structure for communication.
- Our school provides spaces which can be used for the treatment of sick or injured pupils and for first aid and medical examinations (eg the Care Suite).
- Most pupils with medical conditions will not need to take their medicine during the school day. However, if a child does - or if they need to have access to their medication in case of emergencies - parents should talk to the Family Support Manager or SENDCo. Parents will be made aware of what support is available. Appropriate documentation and record keeping should be completed **Templates B & C refer.**
- Pupils requiring prescribed medication, three times each day are deemed not to require this to be administered during the school day unless there is a specific requirement for this to be taken, for example with a mid-day meal.

Managing medicines in School

- Where prescription medicines are required to be taken in school, the parent/carer must sign the appropriate form (Form A)
- Medicines should only be brought to school when essential (ie when it would be detrimental to a child's health if the medicine were not administered during the school day).
- Prescribed medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime. When medicines are given to a child during the school day, the school records the medication, the dosage and time given on form B (Record of medicine administered to an individual child).
- Non-prescription medicines must be administered to a child where written permission for that medicine has been obtained from the child's parent and or carer. Providers must keep a written record of each time a medicine is administered to a child and inform the child's parent/ carer on the same day, or as soon after as is reasonably practicable.
- School should only accept medicines that are in-date, properly labelled, provided in the original container, which include clear instructions for administering dosage and



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storage. The exception to this is insulin which must still be in-date, but which may be made available inside an insulin pen or pump rather than in its original container.

- It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside of school hours.
- Pupils should be made aware of where their medicines are stored for them to access them immediately. Inhalers and epi-pens should be stored in the child's classroom in clearly labelled medical boxes. Nursery pupils' medications are stored in the Nursery Utility room. Antibiotics will be stored in a school office fridge for safe storage in accordance with product instructions.

Longer Term medical needs

When a child is diagnosed with a medical condition, parents are required to notify the school either prior to the child attending school or as the condition becomes known. The school will then:

- Update SIMS database and notify the relevant staff.
- Where medicines are required, ask parents to complete Form A and make appropriate arrangements for staff to administer medication in school.
- Where required, complete an Individual Healthcare Plan.
- Inhalers, epi-pens and prescribed medicines should be taken on school visits to ensure access if and when required. An appointed person should be responsible for safe storage and return of these medicines during the visit.
- Records are required to be kept for medicines administered during school time. **(Templates B&C refer).**
- When no longer required or out of date, medicines are to be returned to parents to arrange for their safe disposal. Sharp boxes are to be used for the disposal of needles and other sharps.

Individual Healthcare Plans

Individual healthcare plans (Form C) set out steps to help the child manage their condition and overcome any potential barriers to getting the most from their education. A health care plan must be completed for each child who:

- Is unable to access learning or activities due to a broken limb or another injury that has been treated by a health professional.
- Has a long-term medical condition and is returning to school following a period of hospitalisation.
- The plan will be written in consultation with the parent/carer, school, and any other relevant health professional.
- A copy will be provided to the class teacher, the parents, the PE-coordinator, and the school office (Who will share this with the relevant lunchtime staff/supervisor).
- Each healthcare plan is confidential.
- If a child with long term or complex medical needs requires hospital or clinical treatment, the individual healthcare plan should be taken with them.
- Each individual healthcare plan will be reviewed annually unless, due to the nature of the child's needs, a more frequent review is needed.



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Record Keeping

- Records are essential to offer protection to staff and children, providing evidence of agreed procedures have been followed. Parents should be informed if their child is unwell at school.

Providing information

We request that parents provide the school with sufficient and up to date information about their child's medical needs and medicines (Inhalers, EpiPen's, creams etc).

Parents/carers are expected to:

- Be responsible for making sure their child is well enough to attend school.
- Provide medicines and equipment within school guidelines **(in original labelled containers, in date and sufficient for the child's needs)**
- Provide up to date contact information to ensure that they or another responsible adult are always contactable, if their child becomes unwell at school.
- Provide written agreement before any medicines can be administered to their child.
- Work with school and healthcare professionals to develop and agree an individual Healthcare Plan if one is required.

Emergency Procedures

- Where a child has a Healthcare Plan, this will define what constitutes an emergency and explain what to do in terms of symptoms and procedures. The child's teacher should also be informed if an emergency has occurred. Pupils may also have an awareness of how to respond.
- Where a child needs to be taken to hospital, a first aid trained member of staff should remain with the child until a parent/carer arrives and may also be required to accompany the child to hospital.

Educational Visits including day trips, Residential and Sporting Activities

- Teachers must be familiar with a child's medical condition and provision must be in place to ensure provision is inclusive, unless evidence states it is not possible.
- Risk Assessments should make reference to Health and Safety Executive (HSE) guidance for school trips, advice may be sought from the local authority Health, Safety & Wellbeing Team.

Avoiding unacceptable practice

- Children should not be prevented from easily accessing their inhalers and other self-administered medicines, when required.
- Children with similar conditions should not be deemed as requiring the same treatments.
- The views and opinions of parents and children and medical evidence should not be ignored but may be challenged.
- Children with medical conditions should not be sent home regularly or be prevented from accessing normal school activities, including lunch, unless this is specified in their Healthcare Plans.



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- Children who require to be sent home or to a medical room for assistance should be accompanied by a member of staff.
- Absences should not be penalised where these relate to their condition eg. in medical appointments.
- Children should not be prevented from drinking, eating or taking toilet breaks at times of need where this effectively supports management of their medical needs.
- Children should not be prevented from participating in any aspect of school life by requiring parents to accompany the child.

Complaints

- Should parents or pupils be dissatisfied with support provided, they should discuss their complaints directly with school. If for any reason the matter is unresolved, they should make a formal complaint via school's complaints procedure. Making complaints to the Department for Education, should only occur if it comes within scope of Section 496/497 of the Education Act of 1996 and all other attempts at resolution have been exhausted.

Further sources of information

Other safeguarding legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's



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responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Other relevant legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must** not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice June 2014

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

Associated resources

Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.

Date Policy ratified by Governing Board: 18th May 2021

Policy Review Date: by May 2023 (or earlier, in light of changes to practice or legislation)



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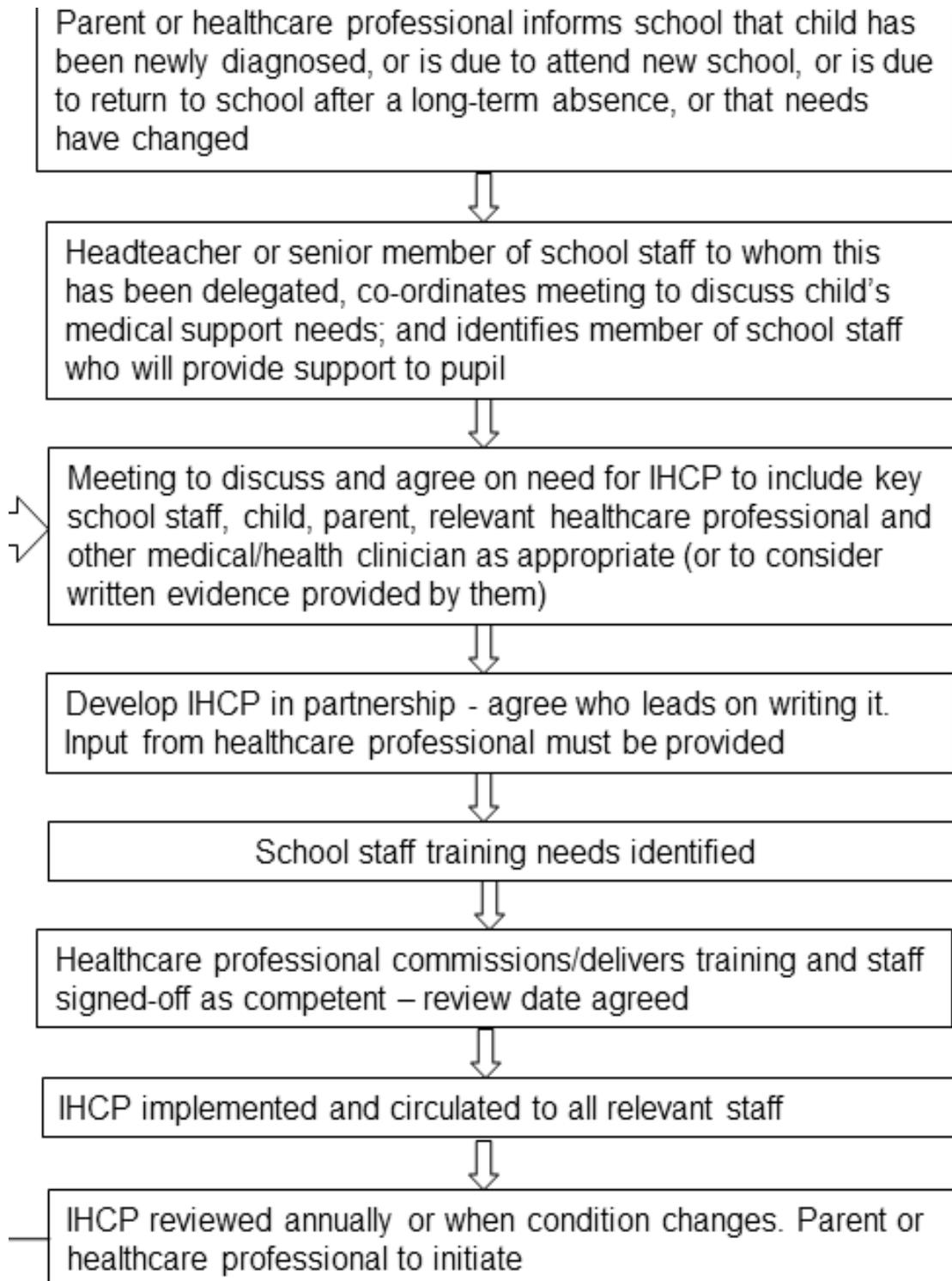
Appendices

Appendix A: Model for developing individual healthcare plans.

Appendix B: Templates A - G



Appendix A: Model process for developing individual healthcare plans.





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Appendix B:

Template A: Individual Healthcare Plan.

Template B: Parental agreement for setting to administer medicine.

Template C: Record of medicine administered to an individual child.

Template D: Record of medicine administered to all children.

Template E: Staff training record for administration of medicines.

Template F: Contacting emergency services.

Template G: Model letter inviting parents to contribute to individual healthcare plan development.



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Pudsey Bolton Royd Primary School Individual Healthcare Plan (Template A)

Child's name	
Class/Year	
Date of birth	
Child's address	
Medical diagnosis or condition	
SEND needs:	EHCP <input type="checkbox"/> SEN Support <input type="checkbox"/> No SEN <input type="checkbox"/>
Date	
Review date	

Family Contact Information

	Contact 1	Contact 2
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.**

--



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Name of medication, dose, method of administration, when to be taken, administered by/self-administered with/without supervision.

Daily care requirements

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*)

Follow up care:

Plan developed by:

Form copied to:



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Parental agreement to administer medicine form (Template B)

Pudsey Bolton Royd will undertake to administer medication to pupils only upon receipt of this form signed by the pupil's parent or guardian.

To Headteacher of Pudsey Bolton Royd Primary School: Date.....

From: Parent/guardian of..... (name of pupil)

The above pupil has been diagnosed as suffering from:

.....

He/she is considered fit for school but requires the following prescribed medicine/s to be administered during school time:

Medicine

Expiry date

--

Dosage and method

--

Timing

--

Self-administration – YES/NO

--

I undertake to keep school informed of any changes to the above medication and/or its administration.

I also undertake to supply the school with an adequate supply of in-date medication.

I understand that:

- All staff are acting voluntarily in administering medicines.
- The school cannot undertake to monitor the use of inhalers carried by children.
- The school is not responsible for the loss of, or damage to any medication referred to in this or any subsequent documentation.

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.

Signature(s) _____ Date: _____

Name of parent/guardian _____ (Block capitals please)

On behalf of (Name of pupil) _____

Address: _____

Telephone (home): _____ (Work): _____

Mobile: _____



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Record of medicine administered to an individual child: (Template C) Pudsey Bolton Royd Primary School

Name of child

Class

Date

Name and strength of medicine

Expiry date

Dose and frequency of medicine

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



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**Staff training record – administration of medicines
(Template E)**

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Name of Staff

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [_____] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [_____].

Trainer’s signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____



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Contacting emergency services (Template F)

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number: 0113 3862560
2. Your location: Pudsey Bolton Royd Primary School, Moorland Grove, Pudsey, Leeds.
3. State what the postcode is – LS28 8EP (please note that postcodes for satellite navigation systems may differ from the postal code).
4. Provide the exact location of the patient within the school setting.
5. Provide the name of the child and a brief description of their symptoms.
6. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.
7. Put a completed copy of this form by the phone.



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Model letter inviting parents to contribute to individual healthcare plan development (Template G)

Dear Parent/Carer

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 most 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



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