

Administration of Medicines in Schools & Early Years Settings - Appendices

The following templates have been produced to support schools/ settings in developing and operating a safe procedure for the administration of medicines. The following templates should be reproduced on school/setting headed paper:

[A Model Administration of Medicines Policy](#)

[B Health care plan](#)

[C Sample protocol for schools administering medicines](#)

[D Parental consent form](#)

[E Parental consent form for child carrying own medicines](#)

[F Record of Medicine Administered to ALL Children/Young People](#)

[G Example agreement for administering medicines](#)

[H Example staff training record](#)

[I Instruction for the administration of rectal Diazepam](#)

[J Medicines in/out log](#)

[K Record of medication administered to an individual child](#)

[L Model letter inviting parents to contribute to individual health care plan development](#)

A Model Administration of Medicines Policy

Queens Park Primary Administration of Medicines Policy September 2025

Introduction

Queens Park Primary school aims to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. We also ensure that all children are given the opportunity to participate fully in all aspects of school life, including Physical Education (PE), Science, educational visits, outings, field trips and extracurricular activities. This is in line with our Special Educational Needs and our Equality, Diversity and Inclusion Policies.

It is the policy of Queens Park Primary school to administer medicines to pupils where doing so will enable the individual to participate fully in all aspects of school life.

Any medicines stored and administered within school are handled in a safe and monitored environment. This policy has been written using guidance from the DFE [‘Supporting pupils with medical conditions at school’ guide](#) and Brighton and Hove City Council Administration of Medicines Standard HS-S-32.

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs e.g. finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled asthma, epilepsy or cystic fibrosis. In line with government guidelines we would ask that children are not sent to school when they are clearly unwell or infectious.

Known Medical Conditions

Parents / Carers have the prime responsibility for their child’s health and as such, should provide **Queens Park Primary school** with information about their child’s medical condition, either upon admission or when their child first develops a medical need. Where a pupil is identified as having a chronic or long-term medical condition, an individual health care plan will be drawn up in conjunction with parents/carers and all health care professionals involved. A model Health Care Plan is provided at the end of this policy.

Communicating Medical Conditions to Relevant Staff

The following methods will be used to ensure all relevant staff are aware of the pupils medical condition (with appropriate consideration of pupil confidentiality and data protection):

- A list of all children within a class with any known medical condition will be placed in each classroom in Class Information file.
- A central register will be placed in the staffroom to ensure that all teaching staff, lunchtime supervisors and support staff have access to the information
- When supply staff are asked to cover a classroom, it will be the responsibility of the member of staff showing the supply teacher to the room, to explain where the list is held and where medications are kept.

- Medical information is held on Arbor, which is accessible to all relevant staff members

Roles and Responsibilities

School Staff

At Queens Park Primary school the person responsible for the management of meeting the medical needs of pupils/ administration of medication is **Beth Williams**. The head teacher maintains the overall responsibility for implementing the policy.

The following staff have a role in the management of medication at the schools:

Role	Name and Job Title
Administration of medication	Beth Williams, Administrative Assistant and Candy Deadman, Administrative Assistant
Managing storage of medication	Beth Williams, Administrative Assistant and Candy Deadman, Administrative Assistant
Returning medication to parents/ guardians for disposal	Beth Williams, Administrative Assistant and Candy Deadman, Administrative Assistant
Checking that medication has been removed at the end of each half term	Beth Williams, Administrative Assistant and Candy Deadman, Administrative Assistant

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it, however some staff may have it included within their job description. Where staff do undertake to agree to administer medication:

- Each request should be considered on individual merit and staff have the right to refuse to be involved
- Staff should understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise
- Regular training relating to emergency medication and relevant medical conditions should be undertaken

Parents / Carers

- Parents should not send a child to school if they are unwell or infectious
- Where medication is required to be administered by school staff, this must be agreed and the Parent / Carer **must sign a Consent Form** (verbal instructions cannot be accepted)
- If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the Parent / Carer (verbal instructions cannot be accepted)
- All medicines must be in their original packaging with the pharmacists dispensing label
- Parents / Carers need to ensure there is sufficient medication and that the medication is in date
- An appropriate medicine spoon, medicine pot or oral medicines syringe must be provided by the Parent / Carer
- Medication must be replaced by Parents / Carers at the request of relevant school/health professional

- **Parents should collect medicines held by the school at the end of each term and are responsible for ensuring that expired or out of date medicines are returned to a pharmacy for safe disposal**

Procedures for the Administration of Medicines

Storing Medicines

- All medicines will be stored in a lockable cabinet during the day or a fridge in a lockable office where necessary
- When items such as asthma inhalers and automatic adrenaline injectors (AAIs) need to be readily available to pupils at all times, these will be kept in **<add details e.g. clearly named zipper bags/box in the child's classroom.>** Where children need to have an AAI on their person at all times (as advised by healthcare professionals) they will use a waist belt.
- Controlled medication (e.g. Class 1 and 2 drugs such as "Ritalin" prescribed for Attention Deficit Syndrome) are kept in **First Aid cupboard** and a written stock record is kept, to comply with the Misuse of Drugs Act legislation.

Administering Medication

- The dose of a liquid medicine must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent
- Tablets or capsules must be given with a glass of water
- The record of medication administered will be completed each time medication is given including the time and dose given.

Prescribed Medicines

- Medicines should only be taken to school where it would be detrimental to a child's health if the medicine were not administered during the school day
- **Queens Park Primary School** can **accept** medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration – the following must be clearly shown on the label as follows:
 - Child's name, date of birth
 - Name and strength of medication
 - Dose
 - Expiry dates whenever possible
 - Dispensing date/pharmacists detail
- Some medicines, such as antibiotics, must be taken at a specific time in relation to food – this will be written on the label, and the instructions on the label must be carefully followed
- The Parent / Carer should make arrangements to collect the medicine from the school office at the end of the day unless alternative arrangements are made with the school staff. The medication in/ out log will be completed to document that medication has been removed/ disposed of.

- Medicines will not be handed to a child to bring home unless agreed as in Self-Management below

‘Spare’ Emergency Medication

Schools are now permitted to keep a salbutamol inhaler and/or an automatic adrenaline injector (AAI) on their premises, bought from a pharmaceutical supplier without prescription to use in emergencies when a child cannot access their own inhaler or AAI. The following arrangements are in place to manage the spare medication in the school:

Where the salbutamol inhaler / AAI will be stored	Add details
Who checks the salbutamol inhaler / AAI to ensure it is in date and when	Add name Add when the check will be undertaken
Who will administer it in an emergency	Beth Williams / Candy Deadman
How the school will ensure it is only used for children that have been prescribed their own salbutamol inhaler / AAI	Ensuring all First Aiders are aware of the names of the relevant children and can recognise them by sight; there is a readily accessible list of pupils affected stored in the first aid cupboard where medication is kept
Who is responsible for disposing of and replacing the salbutamol inhaler / AAI	Beth Williams

Non- Prescribed Medicines

The requirements for consent and the procedure for administering non-prescribed medication is the same for prescribed medication with the exception of the need for a pharmacy dispensing label.

- Dosing and frequency of the medication must be instructed in writing by the parent and documented on the consent form. The dosage and frequency of dosing will follow that outlined on the original packaging of the medication.
- School staff will not administer non-prescription medication outside of the dosing and frequency periods given by the parent/ carer.
- The school will not keep a store of medication for general use (e.g. Calpol.)

Staff Training

- Any staff required to administer medicines will receive appropriate training.

- Where applicable (e.g. for some intimate medical interventions) a nurse/ medical practitioner will deliver the training and sign off a 'Confidence to practice' statement (See the councils 'Delivery of Medical Interventions by Non Medical Staff Guidance' available on the health & safety resource pages on BEEM for further information)
- Staff will receive annual refresher training where required (e.g. as indicated in the care plan or confidence in practice statement).

Self-Management

Older pupils with a long-term illness should, whenever possible, assume complete responsibility for their medication, under the supervision of their Parents / Carers. It should be noted, however, that children develop at different rates and so the ability to take responsibility for and to manage their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made.

There may be circumstances where it is not appropriate for a child of any age to self-manage. Health Professionals need to assess, with Parents / Carers and children, the appropriate time to make this transition.

Where it is appropriate for pupils to self-manage, Parents / Carers will be required to complete a "Self-Management" form which will detail where the medicines are to be stored during the school day.

Refusal of Medicine

If a child refuses to take medicine, we will not force them to do so, but this will be recorded on the 'Record of medication administered' and the parents /carers will be informed as soon as possible, on the same day. If a refusal to take medicines results in an emergency then our emergency procedures will be followed

Educational Visits

In line with the requirements of the Equalities Act Queens Park School will make reasonable adjustments so far as is reasonably practicable, to enable children with medical needs to participate fully and safely on visits. Educational Visits include any outing from school, both residential and non-residential, for the purposes of this policy.

- Risk assessments will be undertaken and will allow for children with medical needs. Where necessary an individual pupil risk assessment will be completed.
- Staff supervising excursions will be aware of any medical needs and the relevant emergency procedures that need to be followed.
- A copy of any Health Care Plans will be taken on visits in the event of the information being needed in an emergency.
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they will seek parental views and medical advice from the School Health Service and/or the child's GP/ specialist (in consultation with the parent/carer).

Sporting Activities

In line with the Equalities Act, **Queens Park School** will make reasonable adjustments to enable children with medical needs to participate fully and safely in physical activities and

extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being.

- There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities
- Any restrictions on a child's ability to participate in physical activity and sport should be recorded in their individual Health Care Plan
- The school is aware of issues of privacy and dignity for children with particular needs
- Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as Asthma inhalers.

Equality, Diversity and Inclusion

At **Queens Park School** we aim to ensure that no member of the school community experiences harassment, less favourable treatment or discrimination within the learning environment because of their age; any disability they may have; their ethnicity, colour or national origin; their gender; their religion or beliefs.

We value the diversity of individuals within our school and do not discriminate against anyone because of 'differences'. We believe that all our children matter and we value their families too. We give our children every opportunity to achieve their best by taking account of our children's range of life experiences when devising and implementing school policies and procedures.

Confidentiality

Medical information will be kept secure in line with Data Protection requirements and will only be shared with those staff that need to know i.e. those that provide day to day support and/or medication to the individual and those that may be required to act in the event of an emergency.

Medical information will be kept secure but readily accessible in the event of an emergency.

Policy Review

This policy will be regularly reviewed by the Governing Body and updated in line with **Queens Park School** School's Policy Schedule.

B INDIVIDUAL HEALTH CARE PLAN – Medical in Confidence

Name of school or setting	
Full Name of Child	
Class/Form	
Date of Birth	
Address	
Condition/s	
Date completed	
Review Date	
Resp. person(s) supporting in school	

Contact Information**Family/Carer Contact 1**

Name	
Phone: Work	
Mobile	
Home	
Relationship	

Family/ Carer Contact 2

Name	
Phone: Work	
Mobile	
Home	
Relationship	

Clinic/Hospital Contact

Name	
Tel. No	

GP

Name	
Tel. No.	

Describe medical needs/condition and give details of pupil's individual symptoms, triggers, signs, treatments, facilities, equipment/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 etc.

Daily care requirements (e.g. before sport/at lunchtime):

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

Arrangement for school visits/trips etc.

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

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

Follow-up Care (e.g. after a medical episode such as a seizure, fainting, vomiting etc):

Plan developed with:

Staff training needed/undertaken – who, what, when

Form copied to:

C SAMPLE PROTOCOL FOR SCHOOLS ADMINISTRATION OF MEDICATION

1 Background

(Insert child's name) has been diagnosed with/has the following condition(s) and therefore may require access to the following medication:

Medical Condition	Medication
Add medical condition	List medication
Allergens	Resultant behaviour/ physical appearance/ reaction
Add allergen	Describe the pupils reaction(s)

The arrangements set out below are intended to assist (insert child's name), their parents/carer and the school in achieving the least possible disruption to their education but also to make appropriate provision for their medical requirements.

The Head teacher will arrange for all relevant staff (e.g. class teacher, general assistant, midday supervisory assistants, catering staff where applicable) to be briefed about (insert child's name) condition and necessary arrangements as outlined in this document.

Pupils with Allergies (Delete or add details as necessary)

Where the pupil has a food allergy/ sensitivity whether through digestion or touch etc, the School staff will take all reasonable steps to ensure that (insert child's name) does not come into contact with/ eat those identified allergens. All necessary information including emergency procedures/ location of emergency mediation will be shared with the schools catering staff.

(insert child's name) parents will remind them regularly of the need to refuse any food items which might be offered to them by other pupils. In particular, parents will provide the following for them:

- a suitable mid morning snack;
- a suitable packed lunch;

Whenever the planned curriculum involves cookery or experiments that may involve (insert name of allergen(s)) prior discussions will be held between the school and parents to agree measures and suitable alternatives. Where necessary, an individual pupil risk assessment will be undertaken.

During the planning for offsite visits/ trips, prior discussions will be held between the school and (insert child's name) parents/ carers to assess the risk of the pupil coming into contact with the allergen(s) and what measures will be needed on the trip.

Pupil Requiring Medication (Delete or add details as necessary)

The school will hold, under secure conditions, (add pupils name) medication. The Medicine(s) will be provided by the parent/ carer in their original packaging and all prescribed medication must have a dispensing pharmacy label which lists the dose, frequency of dosing and any instructions for administration. All medication will have an expiry date and only medication in date will be administered.

The medication is stored: (add location).

The parents/carers accept responsibility for maintaining appropriate supplies of medication.

Emergency Response

When a pupil displays known symptoms relating to their condition that requires an emergency response, the appropriate medication will be administered following staff training/ instruction (e.g. use of an asthma inhaler or automatic adrenaline injector (AAI),

In the event of (insert child's name) showing any physical symptoms for which there is no obvious alternative explanation, their condition will be immediately reported to (insert name of person nominated to take control of the situation - this person could be the class teacher, first-aider or head teacher).

On receipt of such a report, this person, if agreeing that their condition is a cause for concern will instruct a member of staff to contact (in direct order of priority):

- AMBULANCE – Emergency Services 999
Message to be given – (name of child) (insert medical condition)
- Parents/ carer
Name – number (insert)

Whilst awaiting medical assistance, (insert name of nominated person) will assess (insert child's name) condition and **administer the appropriate medication** in line with perceived symptoms and following their training/instructions and as detailed on the consent form.

The administration of this medication is safer for (insert child's name) than doing nothing -even if it is given through a misdiagnosis it will do them no harm.

On the arrival of a qualified medical staff, the nominated person will tell them of the medication given to (insert child's name). All used medication will be handed to the medical staff.

After the incident, a debriefing session will take place with all members of staff involved. Parents will replace any used medication.

Staff Training

A training session was held by (school nurse) which was attended by (insert names of staff/trained in procedure.) (insert name) was nominated as the key person to take control of a situation and (insert name) was nominated to perform this role in the event of their absence.

The training included details of (insert name of child) condition, the symptoms of (insert medical condition); the stages and procedures for the administration of medication and emergency procedures to follow.

Further advice is available to the school staff at any point in the future if they feel the need for further assistance. In any case, the medical training will be repeated every (add frequency e.g. six months.)

Staff Indemnity

In order to give staff reassurance about the protection their employment provides, Brighton & Hove City Council agrees to fully indemnify its staff at the school against claims of negligence from (insert child's name) parents/pupils providing the staff are acting within the terms of this protocol. In practice, the indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and the action will usually be between the parent and the employer (the Council).

Agreement

A copy of these notes will be held by the school and the parents/ carer and a copy sent to (insert child's GP/doctor's name and address) and (insert school nurse's name and address) for information.

Any necessary revisions will be the subject of further discussions between the school and the parents/ carers and appropriate medical practitioners.

On a termly basis, any changes in routine will be noted and circulated.

Agreed & Signed on behalf of the school:

Head teacher:

Date:

Parents/Carer:

Date:

D**PARENTAL CONSENT FORM**

TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD TO WHOM DRUGS MAY BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF.

If you need help to complete this form, please contact the School or the Health Visitor attached to your doctor's surgery. Please complete in block letters.

Full Name of Child		Doctor's Name	
Date of Birth		Doctor's Phone No.	
School		Doctor's 24hour contact No.	
Home Address		Doctor's Address	

The Doctor has prescribed (as follows) for my child:

a) Regularly: *Add more rows as necessary*

Name of Drug/Medicine to be given	How Often/when (e.g. lunchtime, after food?)	How much? (e.g. 5ml/ 1 tablet)

b) In special circumstances:

Describe what circumstances would require the administration of the medicine(s) or treatment details of the necessary dosage:

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c) Special Procedures

Describe under what circumstances medical/ intimate (including tube feeding, catheter care, tracheotomy care or nasopharyngeal suctioning etc) procedures will be undertaken:

--

List any necessary equipment:

--

I request that the treatment be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with any necessary medical equipment and the drugs, medicines, food my child requires in properly labelled containers and keep the school informed of any material facts or information which may affect medication being given to the child. I will dispose of unused equipment, drugs and/ or medication at the end of each term or sooner if the drugs/ medication has expired..

I accept that whilst my child is in the care of the School, the School staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Name of Parent/ Carer	
Signature of Parent/Carer	
Date	
Home telephone number	
Daytime telephone number	
Relationship to child	
Phone number	

I undertake to provide advice if any changes in medication/ medical procedures are necessary.

Name of Doctor/Consultant Paediatrician	
Signature	
Date	

E PARENTAL CONSENT FORM FOR PUPIL TO CARRY THEIR OWN MEDICATION - Medical in Confidence

This form must be completed by parents/carer

Please complete in block letters

Full Name of child:	
Class:	
Address:	
Condition or illness:	
Name of Medicine(s):	
Procedure to be taken in an emergency:	

Contact Information

Name:	
Daytime telephone number:	
Relationship to child:	

I would like **add pupil name** to keep their medication on them for use as necessary.

Signed:

Date:

Relationship to child:

[illegible]

G EXAMPLE HEADTEACHER/ HEAD OF SETTING AGREEMENT 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	
Full 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 – YES/NO	
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 _____

H EXAMPLE OF FORM FOR RECORDING MEDICAL TRAINING FOR STAFF

Name of school/setting	
Staff name	
Type of Training received	
Where is training outline or course notes kept	
Date Completed	
Training Provided By	

I confirm that **add name** has received the training detailed above and is competent to carry out **add details of medication and/or procedure**.

Trainer's signature	
Date	

I confirm that I have received the training detailed above.

Staff Signature	
Date	
Suggested Review Date	

I INSTRUCTIONS FOR THE ADMINISTRATION OF RECTAL DIAZEPAM

Guidelines for the administration of rectal Diazepam in epilepsy and febrile convulsion for non-medical/ non-nursing staff.

Medical in Confidence

NAME OF CHILD/YOUNG PERSON:	
D.O.B	
SEIZURE CLASSIFICATION AND/OR DESCRIPTION OF SEIZURES WHICH MAY REQUIRE RECTAL DIAZEPAM Record all details of seizures e.g. goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc.	
USUAL DURATION OF SEIZURE	
OTHER USEFUL INFORMATION	
DIAZEPAM TREATMENT PLAN	
WHEN SHOULD RECTAL DIAZEPAM BE ADMINISTERED Include whether it is after a certain length of time or number of seizures. e.g. For a tonic/clonic seizure lasting 5 minutes or 2 tonic/clonic seizures without recovery in-between	
INITIAL DOSAGE: How much rectal Diazepam given initially	
USUAL REACTION(S) TO RECTAL DIAZEPAM	
ACTION TO TAKE IF THERE ARE DIFFICULTIES IN THE ADMINISTRATION OF RECTAL DIAZEPAM e.g. constipation or diarrhoea	
CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN	
IF YES, AFTER HOW LONG CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN (State the time to have elapsed before re-administration takes place)	
HOW MUCH RECTAL DIAZEPAM IS GIVEN AS A SECOND DOSE	

WHEN SHOULD THE PERSON'S USUAL DOCTOR BE CONSULTED	
WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP e.g. if the full prescribed dose of rectal Diazepam fails to control the seizure	
WHO SHOULD WITNESS THE ADMINISTRATION OF RECTAL DIAZEPAM? (e.g. another member of staff of the same sex)	
PRECAUTIONS - UNDER WHAT CIRCUMSTANCES SHOULD RECTAL DIAZEPAM NOT BE USED e.g Oral diazepam already administered within the last X minutes.	
DETAILS OF WHO/WHERE NEEDS TO BE INFORMED e.g. Prescribing GP/ Parents/ carers	

All occasions when rectal Diazepam is administered must be recorded.

THIS PLAN HAS BEEN AGREED BY THE FOLLOWING:

	Signature	Date
PRESCRIBING DOCTOR		
AUTHORISED PERSON(S) TRAINED TO ADMINISTER RECTAL DIAZEPAM		
PARENT/CARER		
HEAD OF SCHOOL/SETTING		

J

[illegible]

K RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
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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			

L MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTH CARE 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