



# The Stalyhill Schools' Federation

## Supporting Pupils with Medical Conditions Policy

|                          |                     |
|--------------------------|---------------------|
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| Approved by:             | Full Governing Body |

## **The Stalyhill Schools' Federation**

### **Supporting Pupils with Medical Needs Policy**

**In the Stalyhill Schools' Federation we will continuously strive to ensure that everyone is treated with respect and dignity. Each person will be given fair and equal opportunities to develop their full potential regardless of their gender, transgender, ethnicity, culture and religious background, sexuality, disability, or special educational needs and ability. The school will actively promote equality and foster positive attitudes and commitment to an education for equality.**

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## **1. Statement of intent**

The Stalyhill Schools' Federation wishes to ensure that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance released in April 2014 and updated in August 2017 – "Supporting pupils at school with medical conditions".

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities and this includes children with medical conditions.

Within the Stalyhill Schools' Federation we will continuously strive to ensure that everyone is treated with respect and dignity. Each person will be given fair and equal opportunities to develop their full potential regardless of their gender, transgender, ethnicity, culture and religious background, sexuality, disability, or special educational needs and ability. The school will actively promote equality and foster positive attitudes and commitment to an education for equality.

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Lisa Lockett.

Signed by

..... Headteacher                      Date: .....

..... Chair of Governors              Date: .....

## **2. Key Roles and Responsibilities**

The Local Authority (LA) is responsible for:

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.

- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.
- Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans can be delivered effectively.

The Governing Body is responsible for:

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures within the Stalyhill Schools' Federation.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training is provided to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Executive Headteacher and Heads of Schools are responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of the Stalyhill Schools' Federation.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.

- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Trained staff only are responsible for administering injections.

School nurses are responsible for:

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.
- Delivering training to school staff where necessary.

Parents and Carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals.

Please note, that supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement of any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively. (Department for Education's guidance released in April 2014 and updated in August 2017 – "Supporting pupils at school with medical condit

### **3. Definitions**

"Medication" is defined as any prescribed or over the counter medicine.

"Prescription medication" is defined as any drug or device prescribed by a doctor.

A "staff member" is defined as any member of staff employed across The Stalyhill Schools' Federation, including teachers.

Pupils' medical needs may be broadly summarised as two types:

"Short-term" - affecting their participation in school activities, whilst they are on a course of medication.

"Long-term" - potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

### **4. Training of staff**

Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.

Teachers and support staff will receive regular and ongoing training as part of their development.

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

This training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Executive Headteacher or Heads of Schools. Training will be kept up to date.

No staff member may administer drugs by injection unless they have received training in this responsibility

There will be a record of training kept and a list of staff qualified to undertake responsibilities under this policy.

## **5. The role of the child**

If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

## **6. Individual Healthcare Plans (IHCPs)**

When a school is notified that a pupil has a medical condition, the process outlined below in appendix 1 will be followed to decide whether the pupil requires an IHP. The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

IHPs may not always be written using the IHCP template shown in appendix 2, IHCPs may be written and provided by the healthcare professional.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

IHCPs will be easily accessible whilst preserving confidentiality.

IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Executive Headteacher, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## **7. Medicines**

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Short term medication

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.

If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.

No child will be given any prescription or non-prescription medicines without written parental consent.

No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

A maximum of one week's supply of the medication may be provided to the school at one time.

Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.

Medications will be stored in the staff room. All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Any medications left over at the end of the course will be returned to the child's parents.

Written records will be kept of any medication administered to children.

Pupils will never be prevented from accessing their medication.

Stalyhill Infant School cannot be held responsible for side effects that occur when medication is taken correctly.

## **8. School visits and sporting activities**

Where pupils are required to take medicine during a day trip etc, arrangements should be made to administer them in accordance with this policy

Pupils with medical conditions should not be precluded from taking part in school trips or sporting activities unless evidence from a clinician such as a GP states that this is not possible.

Teachers should be aware of how a pupil's medical conditions may impact on their participation

School will consider any reasonable adjustments that may need to be made to enable pupils with medical conditions to participate fully and safely on visits.

## **9. Emergencies**

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

Where an Individual Healthcare Plan (IHCP) 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 an adult.

If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## **10. Avoiding unacceptable practice**

Stalyhill Schools Federation understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to the medical room or school office alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toileting.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- Administer, or ask pupils to administer, medicine in school toilets

## **11. Record Keeping**

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

## **12. Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Teachers who undertake responsibilities within this policy are covered by the school's insurance.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the school bursar.

## **13. Complaints**

The details of how to make a complaint can be found in the Complaints Policy:

Stage 1 - Complaint heard by Staff Member

Stage 2 - Complaint heard by Headteacher

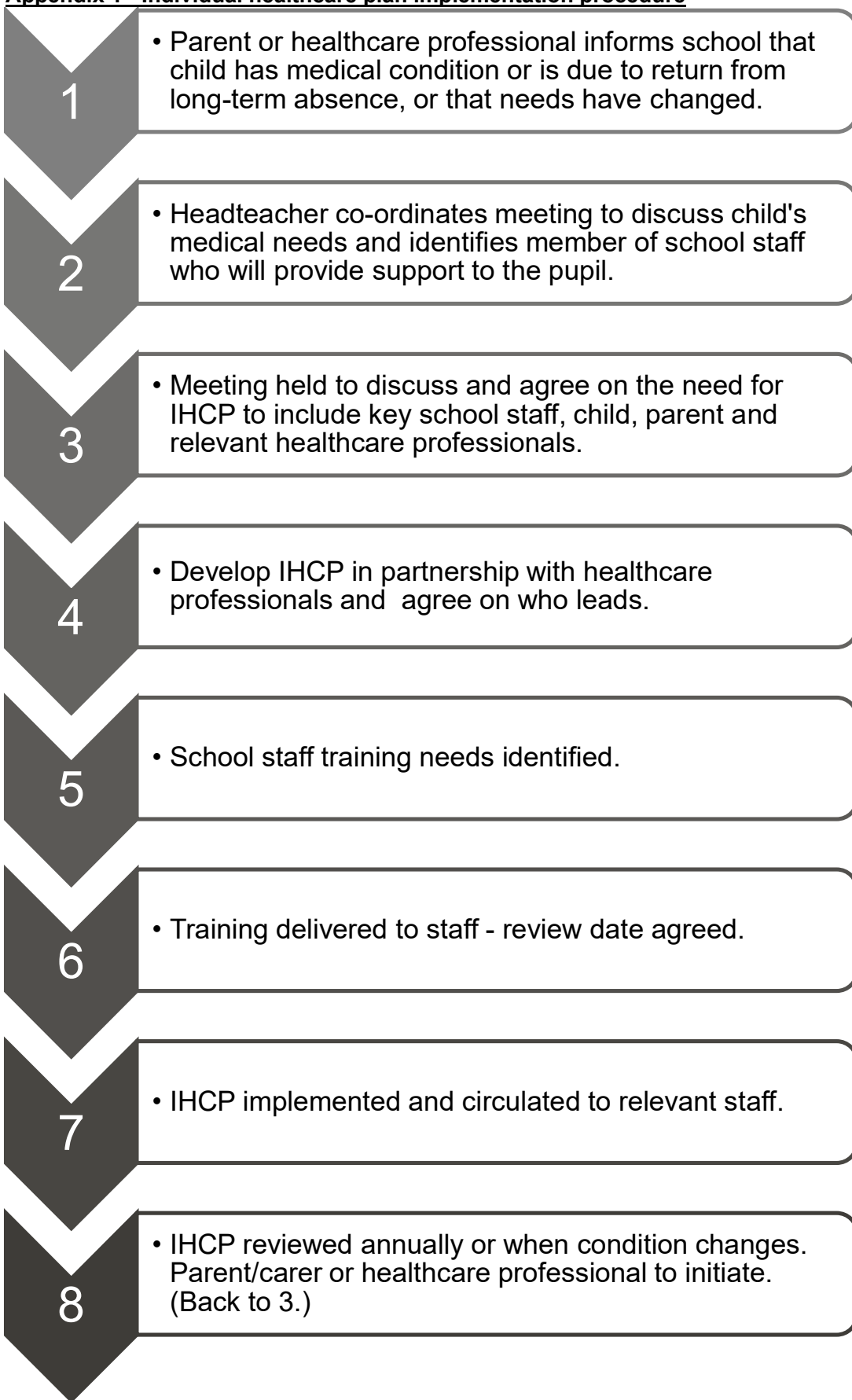
Stage 3 – Complaint heard by Governing Bodies' Complaints Appeal Panel

## **12. Links to other policies**

This policy links to the following policies:

- Accessibility Plan
- Complaints Policy
- Equality information and objectives
- First Aid Policy
- Health and safety Policy
- Safeguarding Policy
- Special Educational Needs and Inclusion Policy and Information Report

#### Appendix 1 - Individual healthcare plan implementation procedure



## **Appendix 2 - Individual healthcare plan template**

| <b>Stalyhill Schools Federation Individual Health Care Plan</b>                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Child's name                                                                                                                                                     |  |
| Class                                                                                                                                                            |  |
| Date of birth                                                                                                                                                    |  |
| Child's address                                                                                                                                                  |  |
| Medical diagnosis or condition                                                                                                                                   |  |
| Date                                                                                                                                                             |  |
| Review date                                                                                                                                                      |  |
| <b>Family Contact Information</b>                                                                                                                                |  |
| Name                                                                                                                                                             |  |
| Phone no. (home)                                                                                                                                                 |  |
| (mobile)                                                                                                                                                         |  |
| (work)                                                                                                                                                           |  |
| Name                                                                                                                                                             |  |
| Relationship to child                                                                                                                                            |  |
| Phone no. (home)                                                                                                                                                 |  |
| (mobile)                                                                                                                                                         |  |
| (work)                                                                                                                                                           |  |
| <b>Clinic/Hospital Contact</b>                                                                                                                                   |  |
| Name                                                                                                                                                             |  |
| Phone no.                                                                                                                                                        |  |
| <b>G.P.</b>                                                                                                                                                      |  |
| Name                                                                                                                                                             |  |
| Phone no.                                                                                                                                                        |  |
| Persons responsible for providing support in school                                                                                                              |  |
| Describe <u>medical condition</u> and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc. |  |
|                                                                                                                                                                  |  |

Name of medication give details of dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision, dietary requirements and storage. Medicine administration forms also need to be completed and signed by parents and staff (Appendix 3).

Daily care requirements and level of support needed.

Who will provide this support? (include cover arrangements)

Specific support for the pupil's educational, social and emotional needs for example how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.

Arrangements for school visits/trips and other school activities outside of the normal school timetable.

Other information

Describe what constitutes an emergency, and the action to take if this occurs including whom to contact and contingency arrangements.

People who are responsible in an emergency (state if different for off-site activities) and include cover arrangements

Plan developed with

Staff training needed/undertaken – who, what, when

Who in the school needs to be aware of this plan? (Confidentiality)

### **Appendix 3 - Parental agreement for a school to administer medicine template**

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

#### **Stalyhill Schools' Federation medicine administering form**

|                              |  |
|------------------------------|--|
| Name of child                |  |
| Date of birth                |  |
| Class                        |  |
| Medical condition or illness |  |
| Date for review              |  |

#### **Medicine**

|                                                                            |  |
|----------------------------------------------------------------------------|--|
| Name/type of medicine<br>(as described on the container)                   |  |
| Expiry date                                                                |  |
| Dosage and method                                                          |  |
| Timing                                                                     |  |
| Special precautions/other<br>instructions                                  |  |
| Are there any side effects that the<br>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<br>medicine personally to | Add name of 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 4 - Record of medicine administered to an individual child template**

##### **Stalyhill Schools' Federation record of medicine administered to an individual child**

|                                  |  |
|----------------------------------|--|
| Name of child                    |  |
| Date medicine provided by parent |  |
| Class                            |  |
| 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 signature         |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff signature         |  |  |  |

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

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff signature         |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff signature         |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff signature         |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff signature         |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff signature         |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff signature         |  |  |  |

# **Appendix 5 - Record of medicine administered to all children**

Stalyhill Schools' Federation

| Date | Child's Name | Time | Name of Medicine | Dose Given | Any Reactions | Signature of Staff | Print Name |
|------|--------------|------|------------------|------------|---------------|--------------------|------------|
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |
|      |              |      |                  |            |               |                    |            |

**Appendix 6 - Staff training Record – Administration of Medicines**

Name of school/setting:

Stalyhill Schools Federation

Name:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that add name of member of staff has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by add date.

Trainer's signature .....

Date .....

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

Staff signature .....

Date .....

Suggested review date .....

## **Appendix 7 - Contacting emergency services**

**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.**

- Your telephone number     **01457 763598 / 0161 338 4290**
- Your name
- Your location as follows     Stalyhill Infant School  
                                         Stalyhill Drive  
                                         Stalybridge  
                                         SK15 2TR  
  
                                         Stalyhill Junior School  
                                         Hereford Way  
                                         Stalybridge  
                                         SK15 2TD
- The exact location of the patient within the school
- The name of the child and a brief description of their symptoms
- The best entrance to use

(Put a completed copy of this form by the phone)..

## **Appendix 8 - Model letter inviting parents to contribute to individual healthcare plan**

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

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

A meeting to start the process of developing your child's individual health care plan has been scheduled for 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 include add details of team.

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 add name of other staff lead would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Name of Headteacher

## **Appendix 9 Dietary Needs and Medical Notes New Starter**

- Updated information is taken from pre entry profile
- IMMEDIATE: Changes to dietary needs/medical notes information is entered into SIMS (See appendix 1 for instructions). This must be completed before the children start in September.
- Dietary needs and medical notes report is run from SIMS for Headteacher to identify where:
  - a) more detail is required from the parent
  - b) where there is a dietary need, kitchen supervisor to meet parent and provide disclaimer form for school.
  - c) photo of child is required for the kitchen
  - d) photo poster is required for internal notice boards (see format Appendix 2)
  - e) reference to care plan is required
  - f) there is to be medicine held in school
- Photo posters are produced and distributed
- Photo posters are sent home for parents to sign and return
- Parents to sign medicine inventory where medicine is left with school
- Where care plan is present, a note is entered on Medical Notes in SIMS
- On return of parental photo poster, the signed version is distributed internally replacing the previously unsigned copy
- Photo posters are re issued for parental signing every September

## **Appendix 10 Medical/Dietary poster**

Dear Parent,

### Medical/Dietary Requirements

As part of the school support of your child's medical or dietary requirements information is provided to staff throughout school. A specific confidential poster is issued which is attached to this letter. Your approval of the contents as correct is needed. Please make any amendments where necessary and sign the poster, or alternatively, contact the school office if you need to discuss.

Yours faithfully

Headteacher