

# Guidance for Meeting the Needs of Children and Young People with Medical Conditions attending Educational Settings

## 1.0 Introduction

1.1 This guidance is designed to ensure that children and young people (C&YP) who have health needs are able to have full access to educational settings, including early years settings, schools and colleges.

1.2 It provides a framework for a consistent response to the health needs of children and young people (C&YP) in a confidential and respectful way to ensure that they have the opportunity to participate in all aspects of learning.

1.3 The aim of this guidance is to:

- Demonstrate a local multi-agency commitment to positively promote the inclusion of all children with health needs delivered in partnership with children, young people and their families.
- Clarify roles, responsibilities and accountability in enabling children and young people with health needs to be fully included in educational settings.
- Provide reassurance and clarity to both children and young people and their parents and carers about what they can expect to be provided, and by whom.
- Provide a framework within which to manage the risks associated with supporting a child or young person's health needs at the educational setting.

## 2.0 Background and the national context

2.1 This guidance is based on the principles contained within the Department of Education (DofE 2015) statutory document "Supporting pupils at school with medical conditions" [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

and the Royal College of Nursing (RCN 2018) document "Meeting Health Needs in Educational and Other Community Settings" <https://www.rcn.org.uk/professional-development/publications/pdf-006634>.

2.2 Improving access to education and educational achievement for pupils with medical needs is essential to ensure equality of opportunity, full participation in society, access to employment opportunities and inclusion within mainstream education.

2.3 The guidance acknowledges that there is no legal duty placed on individual staff to administer medication or undertake health or care tasks in an education or community setting. However, there is a duty of care for school Governors and Head Teachers to ensure that arrangements are in place to support any pupils with medical needs who attend their setting; and all staff, whatever their grade or seniority are expected to take responsibility for, and act in a manner that would be consistent with that of the child's parent or guardian in order to maintain the health and safety of

that child or young person whilst in their care.

### **3.0 Local Context**

**3.1** This guidance seeks to provide clarity to all education settings who support C&YP with health / medical needs.

**3.2** Each educational setting has responsibility to ensure that all appropriate policies and documents are completed and available in line with their statutory duties, and to ensure that they are able to effectively meet the needs of children and young people with health / medical needs who attend their setting.

**3.3** These policies will include (but are not limited to the following);

- Safeguarding Policy, including providing intimate care
- Supporting pupils with Medical Needs, including administration of medication, record keeping and disposal of sharps
- Health and Safety Policy, including risk assessments and moving and handling plans

**3.4** The Local Offer provides information on local services for children and young people with medical needs across each commissioned local authority area and can be accessed via the Clinical Commissioning Group (CCG) website at: <https://bnssgccg.nhs.uk/health-advice-and-support/children-with-additional-needs/>

### **4.0 Roles and Responsibilities**

**4.1** Guidance on the roles and responsibilities for individuals and specific settings which support children and young people are described in the Department of Education (DofE 2015) guidance document “Supporting pupils at school with medical conditions” and the Royal College of Nursing (2018) document “Meeting Health Needs in Educational and other Community Settings”.

#### **4.2 Parental Responsibility**

Parents should ensure that the setting is provided with sufficient, relevant, and up to date information about their child’s health / medical needs, including details of any health professionals who are involved with their child. They should maintain effective communication with the education or community setting to identify any changes in the child or young person’s condition and participate in the regular review and update of their child’s individual Health Care Plan.

#### **4.3 Child and Young Person Involvement**

All Children and young people with health needs should be included in meetings and have the opportunity to express their own thoughts and feelings; they should also be encouraged to provide their consent for each identified health or care procedure / intervention when appropriate to do so.

#### **4.4 Governing bodies, educational settings' staff members**

Governing bodies, proprietors, trustees of all types of educational settings are legally responsible under section 100 of the Children and Families Act (2014) to make arrangements for support to pupils with health / medical conditions. Each setting should identify a named person with responsibility for effective policy implementation.

Settings must ensure there are sufficient staff who are appropriately trained to meet needs of the C&YP, ensuring that it is not the responsibility of just one member of staff to carry out health / medical procedures. Policies should identify collaborative working arrangements between school staff, parents, C&YP, health care professionals and local authorities. Settings must undertake risk assessments for the setting environment, off site visits, holidays and any other activity e.g. PE or other sporting activities.

Individual health care plans (IHCP's) or school health action plans should be drawn up to capture how to support individual C&YP. These plans should be reviewed at least annually or at any time when needs change. Settings must ensure written records of treatment and care are maintained and that parents are informed if the CYP is unwell at school.

Any staff member who is involved in caring for the C&YP must have access to the IHCP and have received sufficient training to deliver the care required. Staff should have an understanding of specific conditions they are being asked to deal with. Staff should request further training if they do not feel they have sufficient skills to deliver the care required (Health and safety at work act 1974). All school staff should undertake basic awareness training with annual updates as specified in the settings Health and safety policy, this is likely to include asthma, allergy and first aid awareness. Local arrangements will need to be described in each settings 'administration of medication / medical needs policy'.

#### **4.3 Healthcare Professional Responsibilities**

Healthcare professionals are responsible for producing the Individual Health Care Plan (IHCP) which is held by the educational or community setting. Depending on a child or young person's diagnosis and subsequent health needs this may involve contributions from professionals such as the School Health Nurse, Epilepsy or Diabetes Nurse Specialist, Children's Community Nurse or Specialist Physiotherapist. They will ensure that settings are notified and updated about a child's health / medical needs and ensure the setting has access to all relevant information required to safely care for that child or young person (as detailed on the IHCP). They should also monitor the accuracy and impact of the IHCP and update it at least annually (or more frequently if the C&YP needs change).

#### **4.4 Local Authority and CCG**

The local authorities and the CCG must consider making joint commissioning arrangements for children with health / medical needs and have a duty to promote cooperation between the relevant partners. This will include commissioning of school health nurses, providing support, advice and guidance for educational settings or providing alternative arrangements for children and young

people who are not able to attend the educational setting for health care reasons

## 5.0 Risk assessment

It is the responsibility of the individual educational setting to undertake a risk assessment with the support of parents, the child or young person and any appropriate health professionals. The risk assessment process should clearly identify:

- Any risks identified around the health / medical needs and the impact of these needs on the C&YP and others.
- Control measures to manage the risks, i.e. specialist resources, environmental considerations etc.
- Any training needs, specifically who will need to be trained, to what level and by whom, how often.
- Measures in place to maintain the privacy and dignity of the child or young person.
- All environments the child may access whilst under the care of the setting, such as trips and visits, sports activities and transport arrangements.

## 6.0 School Action Plan

A **School Action Plan** is a document drawn up by the school and parents (with health professionals if needed) to describe how the IHCP will be delivered in the education setting). A **School Health Action Plan** is required where a child needs administration of medication or an intervention which is not covered under the setting's generic administration of medicines policy.

## 7.0 Health Care Plans

**7.1** An individual education setting **Health Care Action Plan** is required when a child or young person is identified as needing the administration of a specific prescribed medication, management or monitoring of a health condition or delivery of a health or care intervention whilst in attendance at the setting, and which is not covered under one of the setting's generic policies. Such a plan is normally agreed between the educational setting and the C&YP's parents. In some cases healthcare professionals might be asked to contribute to these plans

**7.2** An individual **Healthcare Plan** is a plan drawn up and signed off by a health professional to inform the health needs of an individual C&YP. The relevant healthcare professional will be involved in all cases. They will provide advice, support and training to ensure that educational staff are competent to carry out healthcare tasks. The competency will be signed off and monitored by the relevant healthcare professional. C&YP and their families should be fully involved in this process.

<b>Education setting Health Care Action plan</b>	<b>Individual Health Care Plan (IHCP)</b>
<p>An Education setting's Health care action plan are normally (but not exclusively) related to Level 1 needs which are set out in Appendix A.</p> <p>The format of the plan should include:</p> <ul style="list-style-type: none"> <li>• A description of how the C&amp;YPs needs may impact on attendance at the setting.</li> <li>• How best to support the C&amp;YP in a particular setting including when undertaking activities such as PE or off site activities / visits.</li> <li>• What training and competencies adults working with the C&amp;YP require and how this is accessed and reviewed.</li> <li>• A risk assessment of how the C&amp;YP's needs can be managed in the education setting.</li> <li>• Agreement of the plan by the parent or carer and where possible the C&amp;YP.</li> <li>• Review arrangements.</li> </ul>	<p>An Individual Health Care Plan (IHCP) is normally (but not exclusively) related to level 2 needs set out in Appendix A.</p> <p>The format of the plan should include:</p> <ul style="list-style-type: none"> <li>• A description of the child's individual health / medical needs and how these may impact on the C&amp;YP.</li> <li>• What tasks and interventions the C&amp;YP can safely undertake themselves to promote independence.</li> <li>• The level of support needed for routine daily care.</li> <li>• Details of any medication needed, storage and disposal of medication, dose, method of administration etc.</li> <li>• Health interventions which need to be carried out during the day, by whom, when and how.</li> <li>• Details of any tests that need to be undertaken in school and action to be taken depending on results, e.g. Blood glucose monitoring for diabetes care.</li> <li>• What training is required and how this will be provided including assessment of competence.</li> <li>• Any additional medical information required to keep the child safe within the setting.</li> <li>• Description of what constitutes an emergency and what action should be taken.</li> <li>• Agreement of the plan by the parent or carer and where possible the C&amp;YP.</li> <li>• A review date, in some circumstance when no changes are expected this may be less frequently than annually, but this should be clearly documented.</li> <li>• Health Care Professional sign off of the plan including any adult support staff competency.</li> </ul>

Note: The above plans will have to be shared with temporary or agency staff to ensure they are aligned to the needs of C&YP.

### **7.3 Review process**

All Individual health care and action plans must be reviewed by education settings in liaison with the C&YP and their parents at least annually or more frequently, if the health / medical needs change, to check that the plan is still relevant. Parents are asked to inform settings of any changes in advice from healthcare professionals and should make this information known to the setting at the earliest opportunity. If plans are changed by healthcare professionals, they should inform the education setting to ensure action plans can be updated too.

Some health / medical conditions and their associated 'needs' will not be expected to change so in some instances plans will not routinely be updated by health professionals on an annual basis, however, education settings must still check with families that the plan contains the most up to date recommendations from health professionals. It remains the responsibility of the C&YP's education setting to support their transition by sharing the health care action plans, and support the undertaking of additional risk assessments for the new setting.

### **7.4 Record keeping**

All medication and interventions required by the C&YP should be clearly documented in accordance with the settings medication policy and the council's health and safety guidance for educational settings. Individual records should always be updated contemporaneously i.e. documented immediately after the event.

For summary of the descriptors of level of need, responsibilities, process and record keeping Please refer to the summary table set out in Appendix A.

## **8.0 Training**

**8.1** Settings will be supported by the child or young person's Health Professionals to identify and advise on the training required by the setting to ensure that any staff and supporting adults achieve the agreed competencies in line with evidence based best practice.

**8.2** The level of training and support will be proportionate and relevant to the level of need specified in Appendix A. The skills required to meet these health / medical needs may be routine and easily obtained (Level 1 tasks), or may require training from specialist health professionals (Level 2 tasks) or they may be tasks that should only be carried out by trained health professionals who have received additional training (Level 3 tasks).

**8.3** Once training has taken place and any agreed competencies have been achieved then setting staff will have the required skills to safely manage the identified health and / or care interventions for the individual child or young person.

**8.4** Setting Staff will have the contact details of the Health Professionals with whom they need to request further training or support, including advice if the child or young person's needs change.

## **9.0 Planning for Emergencies**

There needs to be clear policies and procedures in place for the benefit of setting staff and parents / carers about what should happen in the case of a medical emergency. This needs to include details of contacting both the child's parents and the Emergency Services (999). This may also include identifying procedures which are unique to a specific setting or activity.

## **10.0 Insurance and indemnity**

Educational settings need to ensure they have an appropriate level of indemnity insurance to cover for both organizational and individual accountability as described in the Health and safety policy.

The concern of employees administering medication in respect of personal liability is unfounded. The LA takes vicarious liability for the actions of its staff provided those actions are taken in good faith and in accordance with LA policy and practices.

## **11.0 Safeguarding**

**11.1** All settings and staff providing a service for children with a disability should be aware of the wealth of published evidence which highlights their increased vulnerability to abuse and neglect.

<https://www.gov.uk/topic/schools-colleges-childrens-services/safeguarding-children>

**11.2** Appropriate communication between all professionals is essential to effective safeguarding, especially where there is increased vulnerability.

**11.3** All staff must have received an appropriate level of Safeguarding training and undergone pre-employment checks. Local multi-agency safeguarding procedures should be well established and communicated across the setting, and a supportive culture where concerns are raised and investigated should be encouraged.

## **12.0 Monitoring and Evaluation**

This guidance should be reviewed on a yearly basis, or sooner if there are significant changes to local or national policy, or if it is deemed that the guidance no longer demonstrates evidence based best practice.



## Appendix A - Levels of Need, responsibilities and support implications

Children and young people may present with a range of needs. Levels of health and / or care interventions which may be required by children and young people fall broadly into three groups which are differentiated by the skills required to undertake the task and any associated risks.

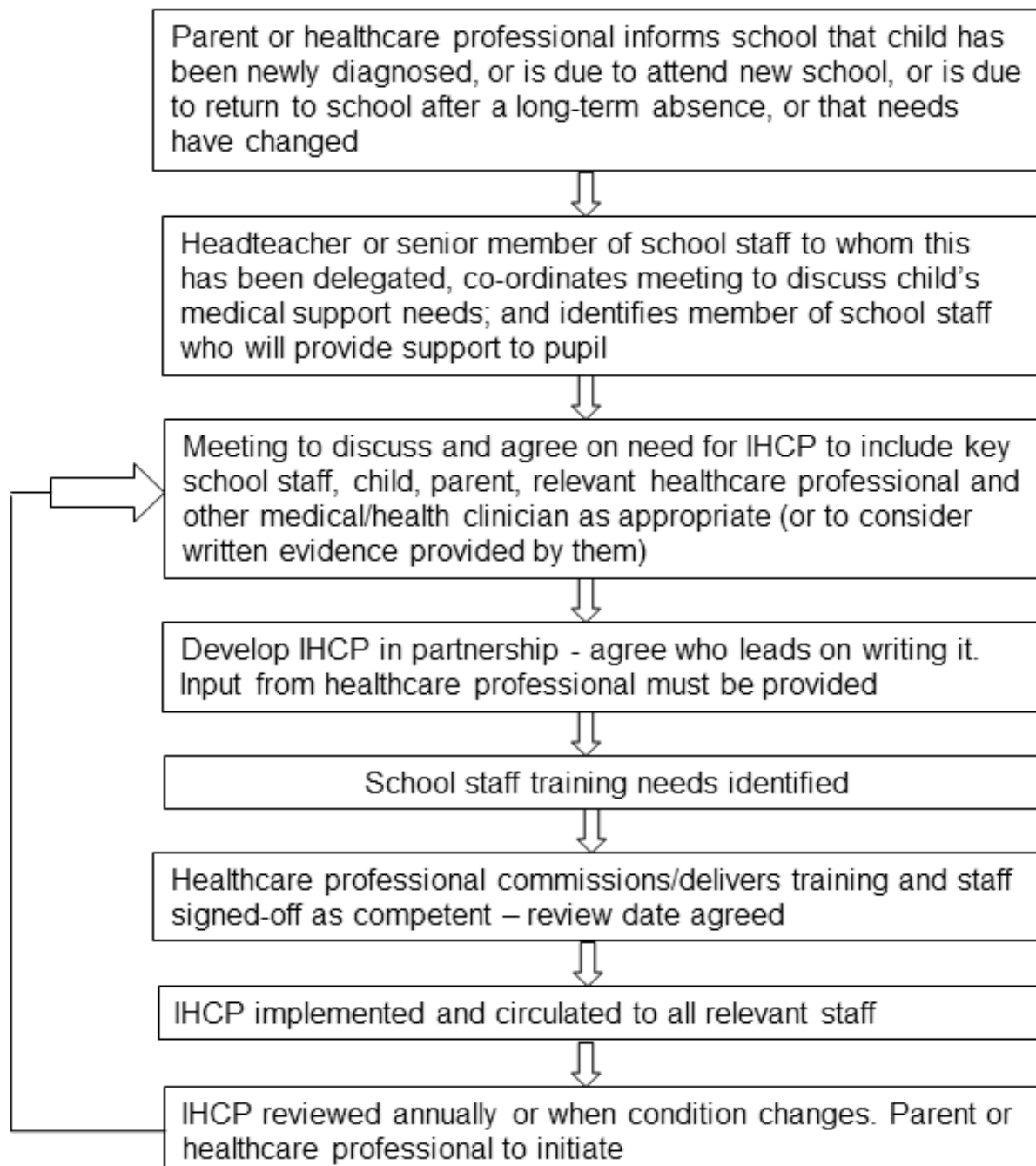
It should be noted that this list is not exhaustive, and the Designated Clinical Officer (DCO) for SEND will be able to offer advice and support to settings should an intervention not be listed below.

	<b>Level 1 - Routine and Easily Acquired Skills</b>	<b>Level 2 - Tasks Requiring Training from a Health Professional</b>	<b>Level 3 – More complex clinical procedure</b>
<b>Tasks</b>	<p><b>Feeding and Medication</b></p> <ul style="list-style-type: none"> <li>Making up of a routine infant feed following instructions as to how much feed and water to mix together.</li> <li>Assisting a child with eating or drinking in accordance with a simple plan which may involve environmental, postural and equipment adaptations to promote independence at meal times.</li> </ul> <p><b>Personal Care, Toileting and Manual Handling</b></p> <ul style="list-style-type: none"> <li>Providing intimate personal care, assisting with cleaning and changing of soiled clothing, changing nappies and sanitary wear</li> <li>Promoting continence by assisting with toileting regimes, ensuring children have access to appropriate and accessible toilets, regular drinks encouraged etc</li> <li>Moving and handling; assisting a child who may have mobility problems in accordance with local policy and / or in addition to advice from their Physiotherapist or Occupational Therapist</li> <li>Dry/wet wrapping for a child with eczema; a prescribed treatment involving dressings for children with severe eczema</li> <li>Undertaking a child's physiotherapy program by following the plan developed by their Physiotherapist</li> </ul> <p><b>Breathing</b></p> <ul style="list-style-type: none"> <li>Use of inhalers; assisting a child who may have respiratory problems (e.g. asthma) in accordance with</li> </ul>	<p><b>Feeding and medication</b></p> <ul style="list-style-type: none"> <li>Stoma care including maintenance of patency of a stoma in an emergency situation</li> <li>Administering medicine via a Nasogastric or Gastrostomy Tube in accordance with a child's individual Health Care Plan</li> <li>Administration of bolus or continuous feeds via a Nasogastric or Gastrostomy tube including setting up an electronic pump</li> <li>Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's Health Care Plan, e.g. Insulin for diabetes or Adrenaline for Anaphylaxis.</li> <li>Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine e.g. rectal diazepam.</li> <li>Rectal paraldehyde which is not pre-packaged and has to be prepared before it can be administered, permitted on a named child basis as agreed by the child's lead medical practitioner e.g. GP, Community Pediatrician or Consultant Neurologist</li> <li>Emergency administration of 'rescue medication' such as Buccal or Intra-nasal Midazolam for seizures, and Hypo stop or GlucoGel for the management of low blood sugars in Diabetes</li> </ul> <p><b>Personal Care, Toileting and Manual Handling</b></p> <ul style="list-style-type: none"> <li>Intermittent Catheterisation and routine catheter care for both urethral and</li> </ul>	<p><b>Feeding and Medication</b></p> <ul style="list-style-type: none"> <li>Re-insertion of a Nasogastric or Gastrostomy Tube</li> <li>Intramuscular and sub-cutaneous injections involving assembling of the syringe and dose calculation</li> <li>Intravenous administration of medication</li> <li>Programming of syringe drivers</li> <li>Administration of prescribed Medication not documented in the child's Individual Health Care Plan</li> </ul> <p><b>Personal care, toileting and manual handling</b></p> <ul style="list-style-type: none"> <li>Re-insertion of permanent urethral or supra-pubic indwelling catheters</li> </ul> <p><b>Breathing</b></p> <ul style="list-style-type: none"> <li>Deep Suctioning (where the oral suctioning tube goes beyond the back of the mouth, or tracheal suctioning beyond the end of the tracheae)</li> <li>Ventilation care for an unstable and unpredictable child</li> </ul>

	<p>local policy</p> <ul style="list-style-type: none"> <li>Assisting and supporting a child who may need emergency care, including basic life support (CPR), seizure management or anaphylaxis treatment in accordance with local policy</li> <li>Administering oral medicine in accordance with local policy to include over the counter medication (e.g Paracetamol)</li> </ul> <p><b>Other Support and Interventions</b></p> <ul style="list-style-type: none"> <li>Supporting a child's communication program by following a written plan prepared by a Qualified Speech &amp; Language Therapist</li> <li>Care of a child with epilepsy (not requiring emergency medication) to ensure the safety of the child is maintained during a seizure</li> <li>Simple dressings applied to the skin following a written care plan, for example; application of a gauze non-adhesive dressing with tape to secure, or the application of a Transdermal patch.</li> </ul>	<p>supra-pubic catheters and management of Mitrofanoff (a surgical opening to the bladder)</p> <ul style="list-style-type: none"> <li>Routine Tracheostomy care including suction using a suction catheter</li> <li>Emergency change of a tracheostomy tube</li> <li>Oral suction of the mouth</li> <li>Emergency interventions which would be deemed as basic first aid and includes airway management</li> <li>Assistance with prescribed oxygen administration including oxygen saturation monitoring where required</li> <li>Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs.</li> </ul> <p><b>Other Support and Interventions</b></p> <ul style="list-style-type: none"> <li>Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner e.g. GP, Consultant Pediatrician or Pediatric Diabetes Nurse Specialist and as detailed in their individual Health Care Plan</li> </ul>	
<p><b>Documentation Process</b></p>	<p><b>School Healthcare Action Plan</b> School/ educational setting records Medical reports</p> <p><b>Healthcare action plan</b> is agreed between school and parents and child/young person with medical input where required</p>	<p><b>Individual Health Care Plan</b> School / educational setting Records Medical Reports</p> <p><b>Individual Health Care Plan</b> has to be drawn up and signed off by a relevant medical/health care professional. Parents and the child/young person should be involved throughout the process</p>	<p><b>Individual Health Care Plan</b> School / educational setting Records Medical Reports</p> <p><b>Individual Health Care Plan</b> has to be drawn up and signed off by a relevant medical/health care professional. Parents and the child/young person should be involved throughout the process</p>
<p><b>Responsibilities</b></p>	<p>Educational setting staff are able to fully support child or young person. Relevant medical/healthcare professional to provide advice and support as necessary.</p>	<p>Educational setting staff able to fully support child or young person but only with relevant medical/healthcare professional's advice, training and support. The relevant medical professional will participate in regular reviews as outlined in the Individual Health Care Plan.</p>	<p>Suitably qualified Healthcare professional is required to carry out complex medical procedure as per Individual Healthcare plan</p>

<p><b>Funding implications</b></p>	<p>Education – all needs are met within the universally available resources</p> <p>Health – all needs are met within commissioned services</p>	<p>Education</p> <ul style="list-style-type: none"> <li>• In the vast majority of cases needs should be met within the delegated resources. Educational settings will be expected to provide reasonable adjustments, equipment or support up to the value of £6K. This support has to be specified in the Individual Health Care Plan.</li> <li>• If support outlined in the Health Care Plan is above what would be reasonably expected of the educational setting, an application for a High Needs top up should be made to the local authority (Appendix C). Local policy will be followed and Individual requests will be considered jointly by the LA and the DCO a on case by case basis</li> </ul> <p>Health</p> <ul style="list-style-type: none"> <li>• Relevant professional will provide advice, support and training to ensure that educational staff are competent to carry out health care tasks (sign off of the competency should be recorded). Additional or update training might have to be provided.</li> <li>• Individual Health Care plan will be signed off by the relevant medical professional</li> <li>• Healthcare professional will be involved in all reviews of the Health care plan</li> <li>• In some cases specialist equipment will be provided</li> <li>• In a few, very complex cases there might be a need to agree TUF or individual commissioning.</li> </ul>	
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## Appendix B - Process for developing Individual Health Care Plans



## **Appendix C – Examples of monitoring forms and request for top up form**

### **Ordinarily available support in educational settings:**

The vast majority of children with health / medical needs will be supported in educational settings; this applies to all children and young people described as Level 1 need and the majority of children and young people described at Level 2.

This support will include

- Reasonable adjustments which should be considered as part of the risk assessment process
- Resources available through the accessibility strategies and plans
- Auxiliary Aids
- If necessary, adult support staff available and funded through the delegated funding to schools (up to £6K which would normally equate to up to 15 hours of support)
- Information, support, advice and guidance provided by healthcare professionals.

### **Access to top up funding:**

The responsibility for meeting the medical needs of children and young people in education settings primarily rests with the commissioning Local Authority (LA) and education setting where the child is placed. High needs (HN) funding is provided to LA's through the high needs block of the 'dedicated schools grant' (DSG). This funding enables the commissioning LA to provide education settings with additional Top-up Funding (TUF) to enable a student with high needs to participate in education and learning. The amount received will be dependent on local policies employed by the commissioning LA and will be determined on an individual case by case basis with no statutory requirement to pay TUF at the rate requested by a school or institution (E&SFA 2020). These decisions are part of the process for discharging the LA's statutory duties under the SEND legislation ensuring efficient use of public funds. Schools make an application to the LA for TUF based on the primary need of the child and the severity of these needs. The TUF is then used to provide the required level of support, equipment and specialist interventions needed to ensure the child or young person is able to access education in that setting. The amount of TUF calculated by the LA for each category is intended to be sufficient to meet the specified level of need, and there is no reference in any of the local or national guidance to identify when thresholds might be met for requesting additional funding from the CCG.

However, the BNSSG CCG's statement of intent for consideration of funding for education settings identifies that in some circumstances, when a child or young person has been found eligible for Children's Continuing Care (CCC) and due to the complexity, severity or unpredictability of their health / medical needs, then child or young person may require support beyond what would be normally expected for the educational setting to provide. In these circumstances the education setting or LA is able to apply to the CCG for consideration of additional health funding.

Top up funding on health /medical grounds is not linked to the EHC process. This is because some children may have health care needs but no special educational needs so would not require an EHCP.

The additional High Needs TUF will be agreed by the LA in addition to the resources already ordinarily available at the educational setting. In line with the guiding principle of promoting independence and safe access to educational settings, reasonable adjustments and the use of equipment or other auxiliary aids will always be considered first.

Each case will be considered individually in accordance with the local commissioning authority's policies and processes.

**For example:**

A child with diabetes with sugar levels well managed by medication, in need of monitoring should be supported by the educational setting without any top up funding.

However, a young child with uncontrolled diabetes, in need of monitoring throughout the whole school day is likely to require additional top up funding.

The same scenario with an older child might result in them being able to monitor their blood sugar level independently and therefore will not require additional top up funding and his or her needs will be met by ordinarily available provision.

## Educational setting Health Care Action plan - EXAMPLE

This form should be used to record support for children with medical needs described as Level 1

Name of school/setting	
Name of child	
Date of birth	
Group/class	
Medical condition or illness	

### Medicine or support required

Name/type of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Child/young person's views (e.g. what helps?)	
Self-administration – y/n	
Procedures to take in an emergency	
Other support required (pls specify)	
Review arrangements	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details Parent/Carer

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 (parent/carers) ----- Date -----

Signature (on behalf of the educational setting) ----- Date -----

**Bristol, North Somerset  
and South Gloucestershire**  
Clinical Commissioning Group

## Individual Health Care Plan - EXAMPLE

This form should be used to record support for children with medical needs described as Level 2 and 3

Name of school/setting	
Child's name	
Group/class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date of the IHCP	
Next Review date	

**Family Contact Information**

Name	
Phone no. (work)	
(home)	
(mobile)	

**Lead health care professional Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	

Who is responsible for providing support in school	
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**Describe medical needs** and give details of child's symptoms, triggers, signs, impact on schools day.

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**Describe recommended treatments** including facilities, equipment, environmental issues, medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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Arrangements for school visits/trips/off site activities

Child/young person views (e.g. what helps, how do they feel about the treatment plan)

Other information

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

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

**Staff training** needed/undertaken – who, what, when

Staff name	Training undertaken and signed off (pls provide data)	Review arrangements (pls specify any future training needs, reviews of competencies)

Signature (parent/carer) ----- Date -----

Signature (on behalf of the educational setting) ----- Date -----

Signature (healthcare professional) to sign off the health care plan -----

Signature (healthcare professional) to sign off competency of educational staff member (s)

----- date -----

## EXAMPLE - Children or young people with Medical Needs

### Request to Access LA Top Up Funding

Attach documentation as detailed below:	Please select
Evidence of the level of need; this should include information about diagnosis, medical condition, severity and impact on school day. (copies of up to date assessments and reports must be attached)	<input type="checkbox"/>
Evidence of what support is already provided by school. This could include reasonable adjustments, equipment or additional staffing. Any support must be supported by relevant medical advice (copies of up to date reports must be attached)	<input type="checkbox"/>
Copy of the Individual Health Care Plan, signed and dated.	<input type="checkbox"/>

Please note, applications will **only** be considered if the relevant information is included.

<b>Pupil's Name:</b>			
<b>Date of Birth:</b>		<b>Year Group:</b>	
<b>Name of school/setting:</b>			

#### Medical needs:

Areas of concern – please describe the medical need, severity and impact on school day	Assessed by:	Date:

#### Support already provided:

Details of adjustment, resources, strategies, medication and auxiliary aids	Impact

#### Additional support required:

Type of support	As recommended by: the relevant reports and Individual Health Care Plan must be included

Signed:

(Headteacher)

Date

\_\_\_\_\_