



Dear Respected Parents/Carers, Assalaamualikum (Peace be with you)

RE: Developing an Individual Healthcare Plan for Your Child

This pack needs to be completed if you have reported that your child has a medical condition on the 'Pupil Data Collection' form, which is one of the essential forms for transitioning pupils. You can find a copy of the school's policy for supporting pupils at school with medical conditions on our school's website, 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 your daughter may not require one. We will need to make judgements about how her medical condition impacts on her ability to participate fully in school life, and the level of detail within plans will depend on the complexity of the condition and the degree of support needed.

The documents attached will help us support your daughter. Please complete the forms appropriate for your daughter:

1. **Health Care Plan** – if your daughter has a medical condition (allergies, intolerances, asthma, physical disabilities etc)
2. **Parental Request for School to Administer medication** – if you decide you want to provide medication for your child to be administered by trained staff and to be stored in school
3. **Parental Request for School to carry own medication** – if you give permission to your daughter to carry her own medication when in school or on trips

If your daughter does not have any medical conditions, please can you still return the form and state on the form 'Not Applicable' to help with updating pupils records.

If you have any queries, please do not hesitate to contact me at the school. All documents must be returned via post or email to transition@egslough.staracademies.org

Yours Sincerely,

Shegufta Farooq – Bowkan
Assistant Principal



Healthcare Plan for Pupils with Medical Needs



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Plan Number:

Pupil details		
Name of school		<i>photo here</i>
Pupil name		
Date of birth		
Tutor group		
Pupil address		
Medical diagnosis or condition		
Date		
Review date		

Contact details			
Family contact 1		Family contact 2	
Name		Name	
Phone number (home)		Phone number (home)	
Phone number (work)		Phone number (work)	
Mobile number		Mobile number	
Relationship to child		Relationship to child	
Clinic/hospital contact		GP	
Name		Name	
Phone number		Phone number	

Risk level	
Risk Level (H/M/L)	
<p><i>Notes:</i></p> <p><i>High risk (Red) – may require emergency intervention</i></p> <p><i>Medium risk (Amber) – may result in time off school</i></p> <p><i>Low risk (Green) – usually managed in school</i></p>	

Who is responsible for providing support in school
Describe medical condition(s) (including allergies) and give details of pupil's symptoms, triggers, signs
Describe medical needs and give details of treatments, facilities, equipment or devices, environmental issues etc.
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision
Administering or Carrying Medication – Parental Request consent form completed <input type="checkbox"/>
Daily care requirements
Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc
Other information
Describe what constitutes an emergency, and the action to take if this occurs
Who is responsible in an emergency (<i>state if different for off-site activities</i>)
Plan developed with
Staff training needed/undertaken – who, what, when
Form copied to

Parental Request for School to Administer Medication or Pupil to Carry Own Medication



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The school staff will not issue your child's medicine unless you complete and sign this form.

1. Details of Pupil		
Pupil's name		Photo here
Tutor group		
Date of birth		
Address		
2. Details of medical condition/illness		
Condition or illness		
3. Medication		
Name/type of medication (as described on the container)		
For how long will your child take this medication?		
Date dispensed		
Expiry date		
Are you requesting your child carry their own medication?	YES / NO (delete as appropriate)	
4. Full directions for use		
Dosage and method		
Timing		
Special precautions / other instructions		
Side effects		
Self-administration*	YES NO (tick as appropriate)	
Procedures to take in an emergency		

5. Only complete (section 5) for pupils at risk of a severe allergic reaction (anaphylaxis)					
List your child's allergies:					
Has your child been prescribed AAIs (adrenaline auto-injectors)?					YES NO (tick as appropriate)
If yes, which type of AAI has your child been prescribed? (Please tick)					Dosage = - _____mg
Epi-pen		Jext		Emerade	
The school may purchase spare Adrenaline Auto Injectors to be used in the event of an emergency allergic reaction. In the event of your child's prescribed AAI not working or one not being available, it may be necessary for the school to administer a spare AAI. Do you give your consent?					YES NO Not Applicable (tick as appropriate)
6. Contact details					
Name					
Relationship to child					
Daytime telephone number					
Address					
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that I must deliver the medicine personally to the school.					
Date		Signature(s)			

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

**Please note, if your child cannot self-administer their medication under the supervision of school staff, the School will contact you to arrange a meeting to discuss your child's needs.*

Date		Signature of Principal	
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