

## **SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS**

<b>Policy adopted by the Governing Body of The Wordsley School</b>	
<b>Date adopted by the Governing Body</b>	<b>11/07/2024</b>
<b>Signed by the Chair of Governors</b>	<b>N Cooper</b>

## CONTENTS

	Introduction	
<b>1.</b>	<b>Aims</b>	<b>3</b>
<b>2.</b>	<b>Legislation and statutory responsibilities</b>	<b>4</b>
<b>3.</b>	<b>Roles and responsibilities</b>	<b>4</b>
<b>4.</b>	<b>Equal Opportunities</b>	<b>6</b>
<b>5.</b>	<b>Notified that a child has a medical condition</b>	<b>7</b>
<b>6.</b>	<b>Individual Health Care Plans</b>	<b>7</b>
<b>7.</b>	<b>Managing medicines</b>	<b>8</b>
<b>8.</b>	<b>Emergency procedures</b>	<b>11</b>
<b>9.</b>	<b>Training</b>	<b>11</b>
<b>10.</b>	<b>Record keeping</b>	<b>11</b>
<b>11.</b>	<b>Liability and indemnity</b>	<b>12</b>
<b>12.</b>	<b>Complaints</b>	<b>12</b>
<b>13.</b>	<b>Monitoring arrangements</b>	<b>12</b>
<b>14.</b>	<b>Links to other policies</b>	<b>13</b>
<b>15.</b>	<b>Appendix</b>	<b>13</b>

## Introduction

The Wordsley School welcomes and supports pupils with medical conditions. So those pupils can have an active role in school life, remain healthy whilst achieving academic potential whether this be:

**Short Term:** Affecting their participation in school activities and curriculum whilst undertaking medication or treatment.

**Long Term:** Potentially limit their access to education and requiring the provision of additional care and support (deemed special medical needs). This may include a medical condition under control by use of drugs but with the potential for relapse.

## 1. Aims

This policy aims to ensure that pupils, staff and Parents / Carers understand how The Wordsley School will support pupils with medical conditions and allow them to access the same education as other pupils.

- Pupils at school with medical conditions should be properly supported to allow full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place to support pupils with the social and emotional implications associated with medical conditions. Emotional disorders, reduction in educational attainment, their general wellbeing, emotional health and reintegration back into school are effectively managed.
- Governing bodies should ensure that school leaders consult with health and social care professionals, pupils and Parents / Carers to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- Ensuring sufficient staff are suitably trained and fully competent to provide support.
- Cover arrangements are in place with resources being available to support pupils medical conditions.
- Transparency of essential and appropriate information to available school resource to uphold support to relevant pupils.
- Developing and monitoring Individual Health Care Plans (IHPs).

## 2. Legislation and Statutory Responsibilities

This policy meets the requirements of “Section 100 of the Children and Families Act 2014” <https://www.legislation.gov.uk/ukpga/2014/6/section/100> which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. This policy outlines arrangements which are required to meet legal responsibilities, expectations and best practice. Based on the Department for Education’s statutory guidance: [Supporting pupils with medical needs \(education-ni.gov.uk\)](https://www.gov.uk/guidance/supporting-pupils-with-medical-needs)

## 3. Roles and Responsibilities

### The Governing Board

The Governing Board have the ultimate responsibility to ensure that arrangements are in place to support pupils with medical conditions. A robust and stringent policy will outline guidance to ensure that the procedures are developed and implemented throughout the school, in line with statutory responsibilities.

- Robust policy embedded throughout the school.
- Procedures implemented, monitored and reviewed periodically.
- Ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### The Head Teacher

The Head Teacher’s role will be to:

- Ensure appropriate transparent arrangements are in place to cover insurance provisions.
- Ensure all staff are aware of this policy and fully understand their role to implement.
- Ensure sufficient numbers of trained staff are available to implement this policy and deliver against all Individual Health Care Plans (IHPs) within emergency and contingency situations.
- Robust systems are in place to manage up to date information about a child’s medical needs.
- Take overall responsibility for development of IHPs.

- Ensure support mechanisms are in place from external agencies.

## **Staff**

Staff members role will be:

- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and appropriate training, achieving the necessary level of competency before administering medical provision. A robust and appropriate training framework is in situ.
- Teaching staff will take into account the needs of pupils with medical conditions to whom they teach.
- All staff are aware of procedure and will be able to respond accordingly should a pupil with a medical condition need assistance.
- Staff fully understand that certain medical conditions will affect the quality of life of a child and in some cases may be life threatening, with a focus on the need of the pupil and how their medical condition will impact on their school life.
- Seek clarification relating to any concerns with reference to legal liability. Seek assistance from medical and other support services in support of the pupil.
- Bring to the attention of the Senior Leadership Team any concerns or matters relating to supporting pupils with medical needs.
- Provide pastoral, wellbeing and emotional support as needed, to promote, learning and development, self-confidence and self-care.
- Support pupils with medical needs to achieve full and regular attendance, through necessary care and support. Cohesive support from external services whereby an alternative programme of study may need to be provided.
- Support mechanisms for planned reintegration back into school following a long-term absence.

## **Parents / Carers**

Parents / Carers role will be:

- Involvement in the development and review of their child's IHP.
- Provide the school with sufficient and up to date information with referenced to their child's medical condition.
- Fulfil any actions required and agreed as part of the implementation of their child's IHP.
- Provide necessary medicines and equipment to support their child's medical condition.
- Ensure that they and their child(ren) are confident in the school's ability to provide effective support for the medical condition.

### **Pupils**

- Pupils will be fully involved in discussions regarding their medical needs, support mechanisms, condition requirements and the development of their IHPs. Pupils must comply with their IHPs.
- Children with medical conditions are entitled to a full education, with the same rights of admission to school. Albeit in line with safeguarding duties and at any unnecessary risk to the individual or others.

### **School Nursing Service and Healthcare Professionals**

- Where there is support from school nursing services provision, medical conditions of pupils will be supported by this service in school. External Healthcare sources such as General Practitioners will liaise and assist in the care of pupils identified as requiring support for a medical condition.

## **4. Equal Opportunities**

The Wordsley School is clear about the need to actively support pupils with medical conditions to ensure participation in school trips, visits, sporting activities and not to prevent them from doing so.

The school must consider what reasonable adjustments are required to ensure that such pupils participate fully and safely on school trips, visits and sporting activities.

Risk Assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their Parents / Carers and any relevant healthcare professionals will be consulted.

## 5. Notification that a Child has a Medical Condition

Where the school are notified that a pupil has a medical condition.

The process outlined in **Appendix 1** will be followed to decide whether the pupil requires an IHP. The school will ensure that arrangements are put in place within 2 weeks or at the beginning of the school term for pupils who are new to the school.

## 6. Individual Healthcare Plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. Plans will be reviewed at least annually, or earlier if there is evidence that the pupils needs have changed. At The Wordsley School this responsibility is delegated to Lead First Aider.

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

- What needs to be done
- When
- By whom

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

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

The pupil will be involved wherever appropriate. IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

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, the Headteacher and the Special Educational Needs Coordinators (SENCo) 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, eg. 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 emergency situations. 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.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate eg. Risk Assessments.
- 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.
- Where confidentiality issues are raised by the parent / carer / 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. Managing Medicines**

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupils health or school attendance not to do so and
- Where we have Parents / Carers written consent
- And only by a delegated member of staff



**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of their Parents / Carers.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a Doctor.

The delegated member of staff, giving a pupil any medication (eg. pain relief) will first check maximum dosages and when the previous dosage was taken. Parents / Carers will always be informed.

The school will only accept prescribed medicines that are:

- In date
- Labelled
- Provided in the original container, as dispensed by the Pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen, pump or vial but it must be in date.

All medicines will be stored safely and securely. Pupils will be informed about where their medicines are at all times and 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.

Medicines will be returned to Parents / Carers to arrange for safe disposal when no longer required.

## **7.1 Controlled Drugs**

Controlled Drugs are prescription medicines that are controlled under the “Misuse of Drugs Regulations 2001” and subsequent amendments, such as morphine or methadone.

- A pupil who has been prescribed a controlled drug may have it in their possession, if they are competent to do so, but they must not pass it to another student to use.
- All controlled drugs are kept in a secure cupboard (First Aid Area) and only named staff have access.
- Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.
- First Aiders will not administer controlled drugs unless responding to an emergency situation eg. Anaphylaxis.

## 7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within their IHP upon discussion with Parents / Carers.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure in the IHP and inform Parents / Carers so that an alternative option can be considered, should this be necessary.

## 7.3 Unacceptable practice

School staff should use their discretion and assess each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupil's from easily accessing their inhalers and medication, administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their Parents / Carers.
- Ignore medical evidence or opinion (although this may be challenged).
- Send pupil's with medical conditions home frequently for reasons associated with their medical condition or prevent them from attending normal school activities, including lunch, unless this is specified in their IHPs.
- If a pupil becomes ill, send them to the First Aid Area unaccompanied or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are in relation to their medical condition eg. Appointments.
- Prevent pupils from drinking, eating or taking toilet / other breaks whenever required to support and manage their medical condition effectively.
- Require Parents / Carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No Parent / Carer should have to forfeit working arrangements due to the school failing to support a pupils medical needs.

- Prevent pupils from participating in any aspect of school life, including school trips by requiring Parents / Carers to accompany their child.
- Ask pupils to administer medication in school toilets.

## **8. Emergency Procedures**

Staff will follow the school's emergency procedures (eg. calling emergency services 999). All pupils IHPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent / carer arrives or accompany the pupil to hospital by ambulance.

## **9. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. 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 Headteacher.

- Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils.
- Fulfil the requirements outlined 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.
- Healthcare professionals may provide confirmation of the proficiency of staff in a medical procedure, or in providing such medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem arises. This will be provided for new staff during their induction.

## **10. Record Keeping**

The Governing Board will ensure that written records are kept of all medication administered to pupils. IHPs are kept in a readily accessible place which all staff are aware of.

Maintain and monitor appropriate records in line with General Data Protection Regulation (GDPR) requirements, including IHPs.

## **11. 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. The Wordsley School is a member of the Department of Education's risk protection arrangement (RPA).

The RPA will provide indemnity if a Member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury occurring during the membership year, within the Territorial limits and in connection with the provision of medicine or medical procedures.

Indemnity will also be provided to any member of staff and volunteers (other than any doctor, surgeon or dentist whilst working in a professional capacity) who is providing support to pupils with medical conditions and has received sufficient and suitable training.

## **12. Complaints**

Parents / Carers with a complaint about their child's medical condition should discuss these directly with Lead First Aider in the first instance. If the matter cannot be resolved, they will direct Parents / Carers to the school's complaints procedure.

## **13. Monitoring Arrangements**

This policy will be reviewed and approved by the Governing Board annually.

## 14. Related Documents

This policy links to the following policies noted below:

- Complaints Procedure  
<https://www.wordsleyschool.co.uk/information/policies/>
- Health and Safety Policy
- Child Protection Policy  
<https://www.wordsleyschool.co.uk/information/policies/>
- Special Educational Needs Policy  
<https://www.wordsleyschool.co.uk/information/policies/>
- “Misuse of Drugs Regulations 2001”  
<https://www.legislation.gov.uk/uksi/2001/3998/contents/made>

## 15. Appendix

Appendix 1 – Notification that a child has a medical condition

Appendix 2 – Consent form to administer medicines

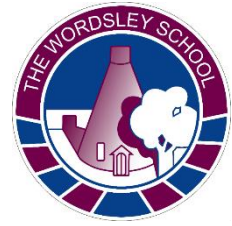
Appendix 3 – Record of Medicine administered to an individual child  
on a temporary basis

Appendix 4 – Staff Training Record administration of medicines

Appendix 5 – Asthma Health Care Plan

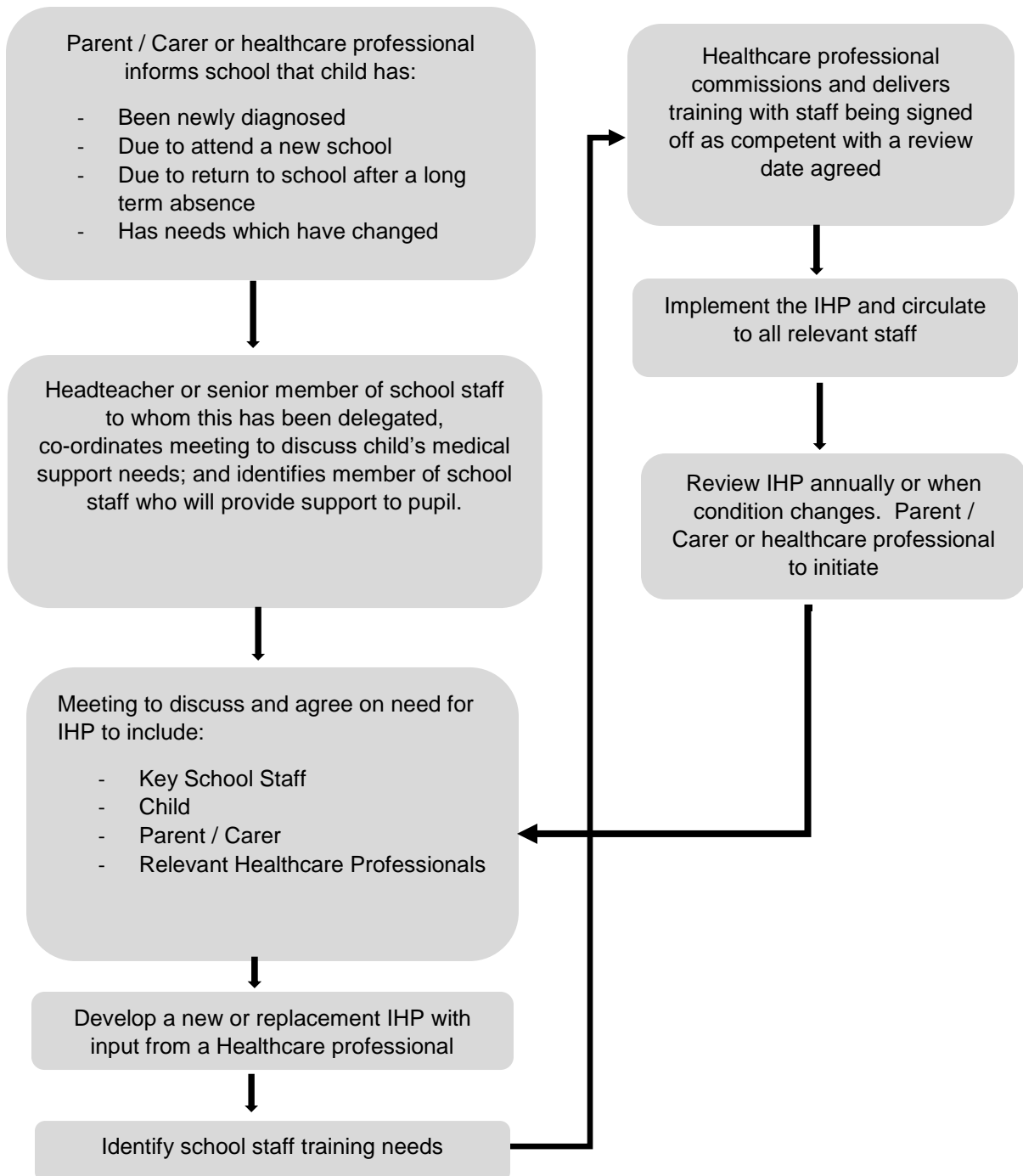
Appendix 6 – Parent / Carer Consent & Medical Combined

Appendix 7 – Letter inviting Parents / Carers to contribute to Individual Healthcare Plan  
Development

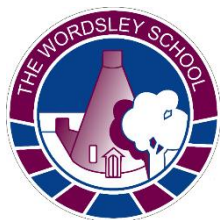


## Appendix 1

### Notification that a child has a medical condition



## Appendix 2



### Consent form to administer medicines

The school / early years setting staff will not give any medication unless this form is completed and signed.

Dear Headteacher / Setting Lead or Manager

I request and authorise that my child \*be given / gives himself / herself the following medication:  
(\*delete as appropriate)

<b>Name of Child</b>		<b>Date of Birth</b>	
<b>Address</b>			
<b>Daytime Tel Number(s)</b>			
<b>School / Setting</b>			
<b>Class (where applicable)</b>			
<b>Name of Medicine</b>			
<b>Circle as appropriate</b>	<b>Prescription / Over the counter</b>		
<b>Special precautions eg. take after eating</b>			
<b>Are there any side effects that the School / Setting need to be aware about?</b>			
<b>Time(s) of Dose</b>		<b>Time(s) of Dose</b>	
<b>Start Date</b>		<b>Finish Date</b>	

This medication has been prescribed for my child by the GP / other appropriate medical professional whom you may contact for verification (where applicable).

<b>Name of medical professional</b>	
<b>Contact telephone number</b>	

I confirm that:

It is necessary to give this medication during the School / Setting day

I agree to collect it at the end of the day / week / half term (delete as appropriate)

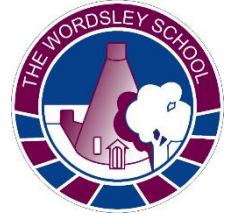
**This medicine has been given without adverse effect in the past**

The medication is in the original container indicating the contents, dosage and child,s full name and is within its expiry date

The medication does not contain aspirin

<b>Signed (parent / carer)</b>		<b>Date</b>	
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## Appendix 3



### Record of Medicine administered to an individual child on a temporary basis

<b>Name of School / Setting</b>	
<b>Name of Child</b>	
<b>Date medicine provided by parent / carer</b>	
<b>Group / Class / Form</b>	
<b>Quantity Received</b>	
<b>Name and strength of medicine</b>	
<b>Expiry Date</b>	
<b>Quantity returned</b>	
<b>Dose and frequency of medicine</b>	

<b>Staff Signature</b>	
<b>Signature of Parent / Carer</b>	

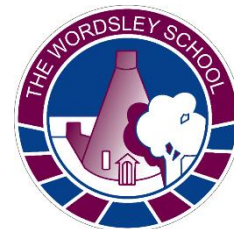
<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			



## Appendix 4



### Staff Training Record – Administration of Medicines

<b>Name of School / Setting</b>	
<b>Name</b>	
<b>Type of Training received</b>	
<b>Date of Training completed</b>	
<b>Training provided by</b>	
<b>Profession and title</b>	

<p>I confirm that _____ (name of staff member)  has received the training detailed above and is competent to carry out any necessary  treatment.</p> <p>I recommend that the training is updated _____ (date)</p>	
<b>Trainer's signature</b>	
<b>Date</b>	

<p>I confirm that I have received the training detailed above</p>	
<b>Staff signature</b>	
<b>Date</b>	
<b>Suggested Review Date</b>	



## Appendix 5

# The Wordsley School - Asthma Health Care Plan

Child's Name:	DOB:	Reg Group:
Parent/ Carer / Guardians Name:		Tel No:
G.P.		Tel No:

Date Asthma Diagnosed:
------------------------

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers' continue overleaf if necessary.

--

Describe their daily care requirements including the name of their asthma medicine (s), how often it is used and the dose.

*(E.g. once or twice a day, just when they have asthma symptoms, before sport)*

--

Describe what an asthma attack looks like for your child and the action to be taken if this occurs

--

### **Request for child to carry their own Asthma medication**

My son/daughter will carry their medicine themselves for use as necessary.

**Signed** .....

I have supplied asthma medication to be stored in school office for use in an emergency.

**Signed** .....

**Name of Medicine**

**Expiry Date**

--	--

### **Parental Agreement for School to Administer Medicine**

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes to my child's medication in writing.

In the case of my child having an asthma attack whilst at school, I am consenting for my child to be treated with this emergency salbutamol inhaler should their own inhaler be unavailable for use.

**Date** .....

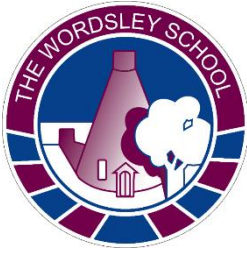
**Signed** .....

**ADVICE FOR PARENTS / CARERS**

**Remember:**

1. It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medications
2. It is your responsibility to ensure that your child has their 'relieving' medication and individual spacer with them in school and that it is clearly labelled with their name.
3. It is your responsibility to ensure that your child's asthma medication has not expired.
4. Your child should not be exposed to cigarette smoke

## Appendix 6



### PARENTAL CONSENT & MEDICAL COMBINED – (HIGHA2 Form)

(Residential visits, activities out of borough that carry a risk, outdoor and adventurous activities)

This form **MUST** be **FULLY COMPLETED** by the parent/carer of **ANY** child who wishes to take part in the visit/activity detailed below. All questions **MUST** be answered. Any questions which are not applicable should be marked **N/A**.

<p>To be completed by school</p> <p>Visit/Activity details:</p> <p>.....</p> <p>.....</p>	<p>Insert school/centre name</p> <p>Organised by:</p> <p>.....</p> <p>.....</p>
<p>To be completed by school</p> <p>Start date: .....</p> <p>End date: .....</p>	<p>To be completed by school</p> <p>Departure time: .....</p> <p>Return Time: .....</p>

Name of child: .....(Male/Female)

D.O.B: .....Age.....Class.....

Home Address: .....

.....Postcode: .....

Name of parent/carer (please print): .....

Address (if different from child): .....

.....Postcode: .....

Tel No. for use in emergency:	Alternative Tel No. for use in emergency:
Name: .....	Name: .....
Relationship: .....	Relationship: .....
a) Home: .....	a) Home: .....
b) Mobile: .....	b) Mobile: .....
c) Alternative e.g. work ..... (Indicate times of day if relevant)	c) Alternative e.g. work..... (Indicate times of day if relevant)

1. Does your child have any condition or impairment (medical or otherwise) that requires regular treatment?

Yes:  No:

**If YES, please continue overleaf, if NO go to question 3**

2. What is the nature of their condition/impairment? .....

.....

Is there anything your child needs additional help or support with? .....

.....

Please advise if there is any activity that your child is not able to participate in or you would not wish them to engage in?

.....

Please give as much information as possible regarding your child. The more information we have the better we can cater for their needs.

Does your child access any of the following services?

Speech & language therapy Yes:  No:

Physiotherapy Yes:  No:

Occupational therapy Yes:  No:

Physical Impairment/Medical Inclusion Service Yes:  No:

Hearing Impairment Service Yes:  No:

Visual Impairment Service

Yes:  No:

**For sport and physical activities:**

Are you aware whether your child has an individual risk assessment for PE & sport at school?

Yes:  No:

If yes do you consent to us having a copy of the individual risk assessment

Yes:  No:

How does your child’s condition affect their ability to participate in the activities on offer?

Please give us as much information as possible. This will not prevent them taking part but will help us provide the best service we can appropriate to your child’s needs.

.....  
.....

Any additional information regarding your child you feel maybe useful: .....

.....  
.....

3. Does your child require regular medication?

Yes:  No:

Please give details of any medication that may be required to be administered to/by your child during this activity. Medication (prescription and over the counter) **must** be provided in its original packaging with the dosage clearly shown. If your child has asthma they must bring their asthma medication with them and a spare labelled with their name. If your child uses an epi-pen they must bring it with them and a spare labelled with their name:

.....  
.....

***\*NB – it is the responsibility of the school/provision to ensure the needs of the young people are met - this includes the administration of medication.***

4. Do you consent to self-administration of medication? Yes:  No:

5. Does your child have an individual health care plan at their school/centre? Yes:  No:

6. If yes do you consent to us having a copy of the individual health care plan? Yes:  No:

7. Is your child allergic or sensitive to penicillin or any other substance, which might be used in treatment?

Yes:  No:

If YES, please give details: .....

.....

8. Has your child been immunised against the following diseases?

POLIOMYELITIS Yes:  No:  Date given if known: .....

TETANUS (LOCKJAW) Yes:  No:  Date given if known: .....

9. Does your child usually suffer from travel sickness? Yes:  No:

10. Does your child have any special dietary needs, e.g. food allergies, vegetarian, gluten free, religious etc?

Yes:  No:

If YES please give details: .....

**11. If participating in water borne activities please complete the following if not go to question 12:**

Is your child water confident? Yes:  No:

Can your child swim unaided? Yes:  No:

If so how far? 0 – 10 Metres

11 – 25 Metres

25+ Metres

12. Please give any other relevant information you wish the accompanying staff to be aware of:

.....

13. At the end of the visit /trip my child will leave unaccompanied  or be collected by:

.....

**14. DECLARATION**

I consent to my child participating in the activity. In the event of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I have noted where and when my child is to be released from the school/organisation and understand that I am responsible for my child getting home safely.

I undertake to advise the Group Leader with the minimum of delay, any change in circumstances referred to on this form between the date signed and the commencement of the trip.

Name of parent/carer (please print): .....

Signature: .....

Address (if different from child): .....

.....

Postcode: ..... Date: .....

The information you provide on this form will be used to administer the event and assist in maintaining the health and safety of your child whilst under the supervision of the Directorate of Children’s Services/School/Centre/Provision. Personal and sensitive information will be processed in accordance with the requirements of the General Data Protection Regulation (GDPR) introduced into UK law by the Data Protection Act 2018. For further information please refer to Dudley Council’s Privacy Statements which can be found at <https://www.dudley.gov.uk/privacy-disclaimer-statement/>

*To be completed by the school / centre*

THIS FORM MUST BE RETURNED TO (Name of the Group Leader) : .....

ON OR BEFORE THE FOLLOWING DATE : .....

Additional information continued:

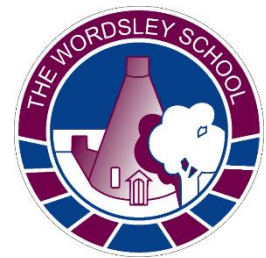
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## Appendix 7

### Letter inviting Parents / Carers to contribute to Individual Healthcare Plan Development

Dear **Parent / Carer (add name)**

#### 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 this 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 / 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 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 healthcare 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 **(name individuals attending)**. Please let us know if you would like us to invite another medical practitioner, healthcare professional, or specialist and provide any evidence you would like us to consider at the meeting as soon as possible.

**BELIEVE • ACHIEVE • INSPIRE**

**The Wordsley School • Brierley Hill Road • Wordsley • Near Stourbridge • DY8 5SP  
(01384) 816015 • [info@wordsley.dudley.sch.uk](mailto:info@wordsley.dudley.sch.uk)  
Headteacher: Mr A Weatherhogg**

If you are unable to attend, I (or another member of staff involved in plan development or pupil support) would be happy if you could make contact by either email or speak by phone if this would be helpful.

Yours sincerely,

**Xxxxxxx**  
**xxxxxxxxxxxxxx**

Tel: (01384) 816015  
Email: **xxxxxxxxxxx**@wordsley.dudley.sch.uk  
Website: [www.wordsleyschool.co.uk](http://www.wordsleyschool.co.uk)

## **BELIEVE • ACHIEVE • INSPIRE**

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