



Be the best I can  
in the love of Christ

# Policy for Managing Medicines, First Aid and Asthma

**At St. Mary's School we aim to:**

- Create a caring Christian community in which everyone is valued and able to learn and grow together;
- Inspire all our children to develop enquiring minds and a lifelong love of learning;
- Release potential through a broad and creative curriculum;
- Sustain an environment in which independence, respect and resilience will flourish;
- Nurture strong relationships between home, school, church and the wider community;
- Empower the children to become responsible local, national and global citizens.

**"Be the best I can in the love of Christ"**

## **1. Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. The governing body of St Mary's School will ensure that these arrangements for fill their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' April 2014'.

Establishment staff do not have a statutory duty to give medicines or medical treatment. However medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

**Any medicines brought into school must be brought in via the school office by their parent/carer. No form of medicine should ever be in a child's school bag or in their pocket- this includes such things as cough sweets and throat lozenges.**

## **2. Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at St Mary's are managed appropriately. They will be supported with the implementation of these arrangements by Head teacher and school staff.

The lead for the management of medicines at St Mary's is Tracey Stovell or in her absence Neen Sawyer. In their duties staff will be guided by their training, this policy and related procedures.

## **3. Implementation monitoring and review**

All staff, governors, parents/carers and members of the St Mary's School community will be made aware of and have access to this policy. This policy will be reviewed bi-annually and its implementation reviewed as part of the head teacher's annual report to Governors.

## **4. Prescription Medicines**

Medicine should only be brought into school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day, thus avoiding the need for medicine in school. Antibiotics, for example, are usually taken three times a day so can be given with breakfast, on getting home from school and then at bedtime. We will not administer general antibiotics, this must be done by the parent/carer or by a friend or relative nominated by the parent/carer.

Occasionally a GP may prescribe a medicine that has to be taken during the school day. Parents may either call in to school to administer the medicine themselves or they may request that a member of staff administers the medicine (but please note this does not include general antibiotics).

When school staff administer medicines, the parent must supply the medicine in the original container to the school office and must complete the Request for school to administer medicine form. On no account should a child come to school with medicine if he/she is unwell.

## **5. Non-prescription medicines (including herbal remedies)**

Non-prescription medicines are not administered at school and pupils should not bring them to school for self-administration. Only non-prescription travel sickness medication will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental agreement for setting to administer medicine' form (Appendix 1 Template B). Medication must be suitable for the pupil's age, supplied by the parent (not the school) and be in its original packaging, with manufacturer's instructions.

Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form. The medication will be stored and administration recorded as for prescription medicines.

## **6. Pupils with Long-Term or Complex Medical Needs**

Parents and carers should provide the head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made between the parents and the head teacher, school nurse and other health care professionals to ensure the pupils medical needs are managed during their time at school.

For pupils with significant needs arrangements will be documented in a Health Care Plan. Guidance on the four most significant chronic conditions (diabetes, asthma, epilepsy and anaphylaxis) is provided in 'Managing Medicines in Schools and Early Years Settings' and arrangements will be made according to this guidance.

Care Plans are written at St Mary's by Tracey Stovell in consultation with the child's parents, the School Nurse and any other appropriate health care professional. They are displayed in the staff room and, to maintain confidentiality, on the back of the cupboard door in the child's classroom. The cupboard door has an anonymous sign on the front to indicate that there is a care plan inside.

## **7. Admissions**

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an IHP and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

## **8. Pupils taking their own medication**

For certain long term conditions it is important for children to learn to self-administer their medication. The most common condition where this applies is asthma and reference should be made to the school Asthma Policy below. For other conditions appropriate arrangements for medication should be agreed and documented in the child's Health Care Plan.

## **9. Staff Training**

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epipens), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

A record of training is maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will also ensure that other staff who may occasionally need to administer a prescribed medicine supplied by the parent with a valid consent form and, or an IHP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. see 'Staff training record - Supporting pupils with medical conditions' Templates - Template E

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. See record of medicine administered to an individual child Template C and Template D record of medicines administered to all children - Supporting pupils with medical conditions' Templates -.

## **10. Storage and Access to Medicines**

All medicines, apart from inhalers, are kept in a locked cupboard in the school office. Medicines are always stored in their original container. Staff and pupils are told where their medication is and how to access it. In the event that a child requires an emergency medication that must be locked away staff will be fully briefed in how to obtain it.

Medicines that require refrigeration are kept in a fridge in the medical room and are clearly labelled.

Other medicines such as inhalers are kept in clearly labelled containers in the classroom and all emergency medication such as inhalers and epi-pens are taken out to PE or on any off-site activity.

## **11. Record Keeping**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day. For record sheets see 'record of medicine administered to an individual child' Template C and 'record of medicine administered to all children' template D Appendix 1.

## **12. Emergency Procedures**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP, the emergency procedures detailed on the plan are followed, and a copy of the IHP is given to the ambulance crew. IHP's will also be given to those companies and staff providing transportation of pupils to and from school, in order that the IHP can be passed to the ambulance crew in the event of an emergency. Instructions for calling an ambulance are displayed prominently by the telephone in the school office. A blank proforma is attached in Appendix 1 'contacting the emergency services' Template F.

Staff who give medication must do so with reasonable care. Always ask the child what other medications they take and what has been taken recently before giving anything. If there is any doubt, seek medical advice before administering the medicine.

To avoid the risk of giving a double dose, only one member of staff at any one time should be responsible for giving medicines. They must be relieved from other duties while preparing or giving the medicine, to reduce likelihood of error.

## **13. Medicines on Educational Visits**

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 1) and to supply a sufficient supply of medication in its pharmacist's container.

Non-prescription medicines (apart from travel sickness medication) cannot be administered by staff and pupils must not carry them for self-administration. Hay fever remedies etc. should therefore be provided, if necessary, on prescription.

Pupils with medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

## **14. Medicines on Residential Visits**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines i.e. paracetamol, to pupils suffering acute pain from things like migraine, period pain, toothache.

Parents must give written consent prior to the residential visit using a, 'Parental agreement for setting to administer medicine' form (Appendix 1 Template B) before non-prescription medication can be given.

Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form.

The school will keep its own supply of standard paracetamol for administration to pupils during a residential visit. The medication will be stored and administration recorded as for prescription medicines.

Pupils should not bring paracetamol (or other types of painkillers) on the residential visit for self-administration.

## **15. Travelling Abroad**

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number).

## **16. Complaints**

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the head teacher will inform the governing body will seek resolution.

## **Provision of First Aid**

Educational establishments must provide first aid for staff, pupils and visitors. Contractors who work on site must provide their own first aid. First aid must be available at all times when people are on site, and to groups who are doing off-site activities or are otherwise in the establishment's duty of care.

### **1. Qualifications and Training**

All appointed first aiders, must hold a relevant current certificate that has been obtained through attendance on a training course run by an approved organisation: Health and Safety at Work training providers must be approved by the Health and Safety Executive.

Emergency First Aid at Work training providers must be a recognised Awarding Body of the Qualifications and Curriculum Authority.

Paediatric/ Early Years First Aid training providers must be approved by the Local Authority.

### **2. How Many First Aiders?**

The number of qualified first aiders necessary for an educational establishment will depend upon the size and layout of the premises, the number of people it accommodates and the nature of the activities carried out.

There must be a sufficient number of first aiders, strategically located to ensure that assistance will be provided quickly in an emergency. The number must also be sufficient to ensure provision will be maintained during foreseeable absences such as sickness, and to accommodate educational visits and sporting fixtures. First aid duties can be shared between qualified staff, provided the appropriate level of provision is maintained.

### **3. Risk Assessment**

For a school of our size (210 pupils) the Local Authority's minimum levels are FAW 1 **and** EFAW 2

The level of cover at St Mary's greatly exceeds the minimum requirements: FAW 6 and EFAW 9.

### **4. Children Under Five**

In establishments providing education or care to children under five, there must always be at least one person with a paediatric/early years first aid certificate on the premises and accompanying off-site groups. This qualification is additional to the requirements above.

St Mary's currently has 2 staff with this qualification.

### **5. Letters of Appointment**

These will be given by the head teacher to all designated First Aiders.

## **6. Contacting First Aiders**

We ensure that everybody on the premises knows how to summon a first aider in an emergency. St Mary's uses a Red card system and all staff are aware of the need to respond immediately to a red card. The procedure is included in staff and volunteer induction training and pupil safety briefings.

## **7. Carrying Out a Risk Assessment**

First aid must be provided to any person that we owe a duty of care if they are injured or become ill while on our premises or involved in an off-site activity. There must be sufficient suitably qualified first aiders and adequate first aid facilities to ensure that immediate assistance will be provided to casualties and an ambulance will be summoned when appropriate. Separate Risk Assessments are carried out for pupils or visitors with specific needs.

## **8. Appropriate Actions**

This can involve treating the casualty if the injury is within the scope of their training, referring them to hospital for assessment or further treatment, or making an emergency call to summon an ambulance. In non-urgent situations where the guidance contained in the First Aid Manual is insufficient, they can also contact NHS Direct. Urgent treatment should not be delayed in order to consult with parents or carers.

## **9. Indemnity**

WSCC employees who hold a valid first aid qualification are indemnified by the county council's insurance against any claims for negligence or injury, provided they relate to first aid provided in the course of their employment and they acted in good faith and in accordance with their training. The indemnity is regardless of where and to whom the first aid was provided.

## **10. Calling the Emergency Services**

An aide memoire is displayed near the telephones in the school office to assist anyone when calling for the emergency services.

## **11. Pupils with Medical Conditions**

First aiders will need to be informed if a pupil with a medical condition is likely to need special emergency treatment. Pupil Health Care Plans must be available to first aiders and a copy should be provided to any medical practitioner providing emergency medical treatment to such pupils.

See Pupils with Long-Term or Complex Medical Needs in the Managing Medicines section of this policy.

## **12. Medicines- see Managing Medicines above**

Records are kept of any medicines that are administered by school staff. These records must also be available to first aiders, and if a pupil who has received

medicines is referred for further treatment or assessment, or emergency medical treatment, a record of any medicines administered that day must be provided to the medical practitioners.

### **13. First Aid Materials, Equipment and Facilities**

There must be an adequate level of first aid materials, equipment and facilities in every establishment, to ensure that an injured person can be treated quickly in an emergency. The number and content of first aid kits will depend upon risk assessment.

We have a small first aid kit (bum bag) in each classroom and one each for the Midday Meals Supervisors as well as 2 larger kits to be taken on trips and visits.

### **14. First Aid Kits**

All of our First aid kits are stored in containers designed to protect the contents from damp and dust and marked with a white cross on a green background.

Disposable aprons and waste bags must be kept near the first aid kit. We do not keep antiseptic creams, lotions, or any type of medication or drug in a first aid kit.

There are no particular items that must be kept in a first aid kit, but as a guide there should always be at least

- a leaflet giving general advice on first aid
- six individually wrapped sterile adhesive dressings
- one large sterile unmedicated wound dressing (approximately 18cm x 18cm)
- two triangular bandages
- two safety pins
- individually wrapped moist cleansing wipes
- two pairs of disposable gloves.
- Bottle of clean water

### **15. Medical Accommodation**

The Medical Room has adequate first aid facilities and equipment. It is not used solely for these reasons, but it is appropriate for this use and available when needed.

It is well lit and also contains a washbasin and toilet, and the floor and surfaces are easy to clean and disinfect. There are a mattress and blanket available when needed.

It is located on the ground floor with reasonable access for a wheelchair or gurney.

At St Mary's we have accommodation to care for children during school hours, and for health professionals to carry out medical and dental examinations.

## **Asthma**

Asthma is a physical condition in which the muscles of the air passages go into spasm and the linings of the airways swell. An attack is caused by a sudden narrowing of the air passages making it difficult to breathe.

At St Mary's we aim to provide an environment that is favourable to children with asthma.

### **1. Responsibilities of the school.**

- To ensure that pupils with asthma are encouraged to participate fully in all aspects of school life.
- To discuss appropriate methods of administering medication depending on the child's age and condition.
- To provide an accessible place for the storage of the pupil's inhaler and ensure access at all times.
- To store a child's inhaler in the classroom cupboard.
- To ensure that staff have an understanding of appropriate action in the event of an asthma attack (all 15 staff first aid trained).
- The notice Appendix A is displayed in every classroom.
- To record each time a child uses their inhaler (record sheets are kept in every classroom on the inside of the cupboard door)
- To ensure effective communication with parents regarding the child's needs.
- To make all parents/carers aware of this policy through the web page/school prospectus.

### **2. Responsibilities of the parent/carer.**

- To notify the school if their child has asthma and of any subsequent changes of condition/medication.
- To supply their child with a named inhaler and spacer if necessary.
- To provide the class teacher with an inhaler in case to be kept at school.
- To check that inhalers are not out of date.

### **3. Visits out of school.**

On school trips and residential visits - accompanying staff will be made aware of the children with asthma. Older children will be required to take their own inhaler. If undertaking physical activity where the inhaler could become damaged or lost then the member of staff in charge will carry the inhaler. The staff member will carry the inhaler for younger children. All school Risk Assessments for trips and visits include a section for naming children who need inhalers.

### **4. Record keeping**

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.

## 5. School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

**Please refer to the Sussex Community NHS School Asthma Policy**

## 6. What to do if a child has an asthma attack

### Two types of treatment:

1. **Relievers** – this is treatment that gives relief in about 5 mins by opening up the airways when the symptoms of asthma appear. This is usually a blue inhaler and can be given every four hours.

2. **Preventatives** – these are taken regularly to decrease the sensitivity of air passages. These inhalers are usually brown and should not be used during an asthma attack and therefore do not need to be brought to school.

### Signs and symptoms:

- Difficulty in breathing with a prolonged breathing-out phase.
- Wheezing as the casualty breathes out.
- Distress and anxiety.
- Difficulty in speaking and whispering.
- Grey-blue skin (cyanosis).
- Dry tickly cough.
- In a severe attack the casualty may be exhausted. Rarely, he or she may become unconscious and stop breathing.

### Treatment and action:

- **Stay calm and reassure the child** – *attacks can be frightening so stay calm; the child will probably have been through it before. Listen carefully to what the child is saying.*
- **Ensure that the reliever medicine (blue) is taken** – *this should open up the narrowed airways.*
- **Help the child to breathe** – *encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or leaning forward slightly resting on a table. Lying flat on the back is not recommended.*
- **Ensure a good supply of fresh air** – *but not cold air.*

If the attack is mild and eases within 5-10 minutes ask the casualty to take another dose from the same inhaler. Immediate medical help is not vital but parents should be informed.

### CALL 999 IMMEDIATELY IF:

- The reliever has no effect after 5 to 10 minutes.
- The child is getting worse.
- Breathlessness makes talking difficult.
- The child is getting exhausted.

- If you have any doubts about the child's condition.
- If the casualty stops breathing or loses consciousness, open the airway and check breathing; be ready to resuscitate if necessary.
- Children must be accompanied in the ambulance by a member of staff in the absence of the parent/carer.

**After the attack:**

Parents will be informed if an attack has occurred. In instances where an ambulance has been called, office staff will inform parents immediately.

# **Templates**

## Supporting Children with Medical Conditions

September 2014

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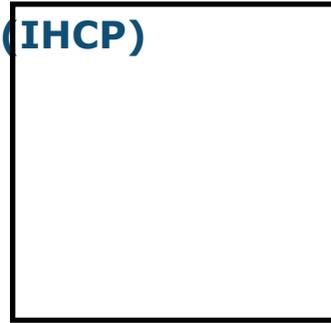
[Template D: record of medicine administered to all children](#)

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# Template A: individual healthcare plan (IHCP)



Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


## Family Contact Information

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


## Clinic/Hospital Contact

Name

Phone no.


## G.P.

Name

Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, 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

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 (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

I give consent to school/setting staff administering medicine in accordance with the school/setting policy and this IHP. 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.

\_\_\_\_\_  
Signed by parent or guardian

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Review date

Copies to:

## Template B: parental agreement for setting to administer medicine

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – 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 medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

# Template C: record of medicine administered to an individual child

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

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

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

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

**C: Record of medicine administered to an individual child (Continued)**

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

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

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

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



## Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	
Refresher/update training date	

I confirm that [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 [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

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

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

# Template F: 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.**

- 1. telephone number**

**School telephone**

- 2. your location as follows [insert school/setting address]**

**School address**

- 3. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code**

**Postcode**

- 4. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient**

**Best entrance is:**

- 5. your name**
- 6. provide the exact location of the patient within the school setting**
- 7. provide the name of the child and a brief description of their symptoms**
- 8. put a completed copy of this form by the phone**

## **Template G: model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

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

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

