



# Anchorholme Academy Supporting Pupils with Medical Conditions Policy



Adopted by Governors/HT: HT  
Implementation date: September 2023  
Review period: Annually  
Last review date: September 2023  
Person responsible for policy: Mrs T Foster and  
Mrs J Carter

## **Statement of Intent**

The governing board of Anchorsholme Academy has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND (Special Educational Needs and Disabilities) and have an EHCP (Educational Health Care Plan) collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, other external services, pupils and their parents.

### **1. Legal Framework**

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'

- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Policy
- Equality Policy
- Attendance Policy

## **2. Roles and Responsibilities**

The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.

The Headteacher, in conjunction with the Office Manager, is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Having overall responsibility for the development of IHPs.

- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Ensuring appropriate insurance.
- Contacting, or delegating the responsibility of contacting, the school nurse or other medical professionals where a pupil with a medical condition requires support that has not yet been identified.

Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieving the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The school nursing team is responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting school staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.

- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nursing team when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nursing team and other healthcare professionals, and participating in local outreach training.

The Local Authority (LA) is responsible for:

- Commissioning a school nursing team for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural (SMSC) development.

### **3. Admissions**

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

### **4. Notification Procedure**

When the school is notified that a pupil has a medical condition that requires support in school, the school nursing team will inform the Headteacher or SENDCO. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in [section 8](#)).

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the Headteacher/SENDCO based on all available evidence (including medical evidence and consultation with parents).

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and these will be informed by their previous institution where applicable. Where a pupil joins the school mid-term, or a new diagnosis is received, arrangements will be put in place within two weeks as far as is practicable.

## **5. Staff Training and Support**

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training will be provided by the school nursing team or other appropriate health professionals.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness of medical conditions is updated continually by the SENDCO.

The school nursing team will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the Office Manager and provided by the following bodies (though this is not an exhaustive list):

- Commercial training provider;
- The school nursing team;
- GP consultant; and
- The parents of pupils with medical conditions (the parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer).

## **6. Self-Management**

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Behaviour and Discipline Policy.

## **7. Supply Teachers**

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

## **8. IHPs**

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher will make the final decision.

The school, a relevant healthcare professional and parents will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the Headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition

- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

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

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

IHPs will be reviewed when parents inform us of a change in their child's medical circumstances.

## **9. Managing Medicines**

Pupils will not be given prescription or non-prescription medicines without their parents' written consent.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil will be given medicine containing aspirin unless prescribed by a doctor.

Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents will be contacted for permission any time medication needs to be administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container. A "Permission to administer medication" form will be completed by parents for all medication.

All medicines will be stored safely:

- **Long term medication to be administered by pupils:** these items (mainly asthma inhalers) are to be stored within classrooms in clearly labelled and accessible medical containers.
- **Long term medication to be administered by a designated member of staff (J Carter / T Foster or a member of identified support staff):** these items are to be stored



securely in the designated medical drawer in the office and signed off in the medical file.

- **Long term medication relating to Type 1 Diabetes to be administered by a designated member of staff** (J Carter / T Foster / A Dunlop / L Duff / G Raistrick / F Richmond/): these items are to be stored securely in the locked cupboard in the SEND room and entered into the child's medical file when administered. Staff have completed online training and have received face to face training with NHS diabetes nurse.
- Medication for short term illnesses should not be stored in the school as this often requires refrigeration or other specialist storage which the school cannot offer. However, when this is unavoidable, medication will be stored in the fridge in the SEND room once the parent has completed an appropriate form and staff sign it off in the medical file.

When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

In the school office, the school keeps its own spare:

- Inhalers (always one, but preferably two)  
*Three inhalers and two spacers are stored in the Asthma Inhaler Kit box in the office and other inhalers are stored in the safe.*  
*Expiry date 03/2025*

Records will be kept in the office of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held. The only exception to this is daily diabetes medicine and the record is kept in the SENDCO's office.

## **10. Adrenaline Auto-Injectors (AAIs)**

Where a pupil has been prescribed an AAI, this will be written into their IHP.

Pupils who have prescribed AAI devices, and are aged seven or older, have the option to keep their device in their possession, if the school, the parents and the pupil are in agreement. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the school office. If, after consultation with the school nursing team or other health professionals, staff training is deemed appropriate, the school will organise for designated staff members to be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs should then be administered by trained staff members, except in an emergency situation. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

In the school office, the school keeps its own spare:

- AAI Device 0.15mg x1 Junior *Expiry date 12/2023*
- AAI Device 0.30mg x1 Adult *Expiry date 03/2024*  
*Both are stored in the Anaphylaxis Kit box in the office.*

The spare AAI devices, for use in the event of an emergency, will be checked on a termly basis to ensure that it remains in date and is replaced before the expiry date.

The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate. If the emergency is so severe that an AAI is administered prior to contact with the emergency services, the emergency services will be contacted as soon as possible. In the event that an AAI is used on a pupil not believed to be at risk of anaphylaxis, the pupil's parents will be notified that an AAI has been administered and details regarding the device used.

Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

(For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.)

(For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.)

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

## **11. Record Keeping**

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in [Appendix D](#) and [Appendix E](#) of this policy.

## **12. Emergency Procedures**

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

Where an IHP is in place, it should detail:

- What constitutes an emergency.

- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

### **13. Day Trips, Residential Visits and Sporting Activities**

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals, where required. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

### **14. Unacceptable Practice**

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

### **15. Liability and Indemnity**

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions. The school has Risk Protection Arrangement cover through the DfE, covering liability relating to the administration of medication. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

### **16. Complaints**

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Policy.

### **17. Home-to-School Transport**

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

### **18. Defibrillators**

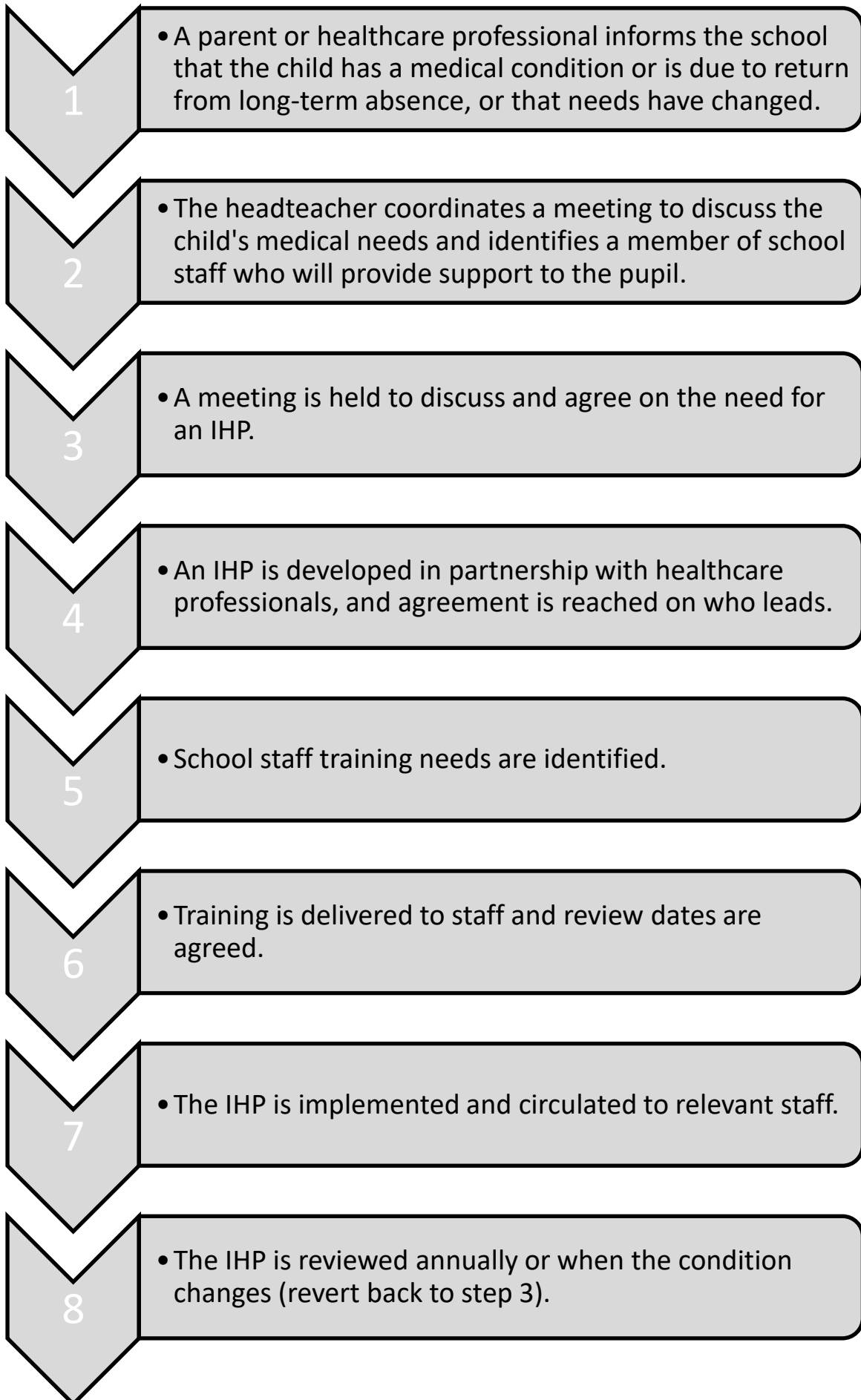
The school has a Physio-Control Lifepak automated external defibrillator (AED) containing paediatric pads for pupils under the age of 8 and other pads for pupils of 8 years and older. The AED is stored in the school office, which is locked whilst empty.

All staff members are aware of the AED's location and what to do in an emergency. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened and the emergency services will be contacted whilst the device is in use.

The emergency services will always be called where an AED is used or requires using.

Maintenance checks will be undertaken on AEDs on a termly basis by the Office Manager.

## Individual Healthcare Plan Implementation Procedure



Pupil's name:

Group/class/form:

Date of birth:

Pupil's address:

Medical diagnosis or condition:

Date:

Review date:

**Family contact information**

Name:

Relationship to pupil:

Phone number (work):

(home):

(mobile):

Name:

Relationship to pupil:

Phone number (work):

(home):

(mobile):

**Clinic/hospital contact**

Name:

Phone number:

**Child's GP**

Name:

Phone number:

Who is responsible for providing support in school?

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices, environmental issues, etc.:

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:

Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits and trips:

Other information:

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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

--

Staff training needed or undertaken – who, what, when:

--

Form copied to:

--

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

The school will not give your child medicine unless you complete and sign this form.

**Administration of medication form**

Date for review to be initiated by:

--

Name of child:

--

Date of birth:

--

Group/class/form:

--

Medical condition or illness:

--

**Medicine**

Name and/or type of medicine  
*(as described on the container):*

--

Expiry date:

--

Dosage and method:

--

Timing:

--

Special precautions and/or other  
instructions:

--

Any side effects that the school needs  
to know about:

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Self-administration – Yes/No:

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Procedures to take in an emergency:

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**NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.**

**Contact details**

Name:

--

Daytime telephone number:

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Relationship to child:

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Address:

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I will personally deliver the medicine to:

<u>Name and position of staff member</u>
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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Record of Medicine Administered to an Individual Pupil**

Name of pupil:	
Group/class/form:	
Date medicine provided by parents:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	

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

Parent signature: \_\_\_\_\_

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

Date:			
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Staff initials: 

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**Staff Training Record – Administration of Medication**

Name of school:

Name of staff member:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:


I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by \_\_\_\_\_.

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

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

Date: \_\_\_\_\_

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

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

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

Date: \_\_\_\_\_

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

## **Letter Inviting Parents to Contribute to IHP Development**

Address line one

Address line two

Town/city

Postcode

Date

### **RE: Developing an individual healthcare plan (IHP) for your child**

Dear parent,

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 IHP to be prepared, setting out what support each pupil needs and how this will be provided. IHPs are developed in partnership with the school, parents, pupils (where appropriate), and the relevant healthcare professionals 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 IHPs are likely to be helpful in the majority of cases, it is possible that not all pupils will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within IHPs 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 IHP has been scheduled for **date**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the SENDCO), a relevant healthcare professional and the school nurse. 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 IHP template and return it to the school office, together with any relevant evidence, for consideration at the meeting.

**[Attach appendix a, Individual Healthcare Plan, to this letter.]**

I would be happy for you contact me via **email address** or **phone number** if this would be helpful.

Yours sincerely,

**Name**

**Job role**

**Incident Reporting Form**

Date of incident	Time of incident	Place of incident	Name of ill or injured person	Details of the illness or injury	Was first-aid administered? If so, give details	What happened to the person immediately afterwards?	Name of first-aider	Signature of first-aider

