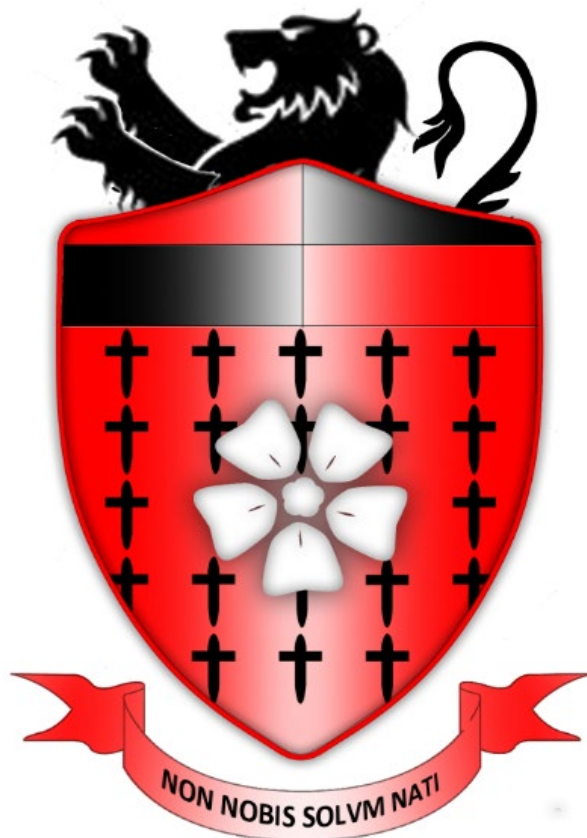


# Hornsea School & Language College



## Supporting Medical Conditions Policy Inc. Sexual Health

<b>Last Reviewed:</b>	<b>Date:</b> October 2024	<b>By:</b> Kay Sullivan
<b>Approved by:</b>	<b>Headteacher:</b> 27.11.24	<b>Governing Body:</b> 27.11.24
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## **Supporting Medical Conditions and Medication Policy**

### **1. Introduction**

Hornsea School and Language College (HSLC) aspires to be an inclusive learning community and educational setting and makes every effort to support pupils with short and long term medical conditions. To this end, HSLC is committed to ensuring that all pupils with medical conditions (whether these be physical or emotional / mental health or both) are supported in school in order that they can participate fully and actively in school life and the curriculum, achieve their academic potential and remain healthy.

Our aim is whenever possible, to work in open and honest partnership with parents/carers, and in so doing, ensure that they feel confident in our commitment and ability to provide effective individual and bespoke support for medical conditions in school. HSLC will also actively seek support of key stakeholders within school and relevant partner agencies and healthcare professionals to inform the decision making process and support that is put in place.

The Inclusion Team will work collaboratively and take the lead role in individual cases in coordinating and ensuring that medical needs are identified and supported and that the school wide approach to supporting medical needs is fit for purpose and meets statutory requirements.

This policy has been developed from and is informed by statutory guidance issued by the Department for Education: 'Supporting Students at School with Medical Conditions – December 2015 – updated 16 August 2017'.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, to make arrangements for supporting students at their school with medical conditions. In meeting the duty, the Governing Body, must have regard to guidance issued by the Secretary of State under this section. This means to take account of the guidance and to carefully consider it. Having done so, there would need to be a good reason to justify not complying with it.

Some pupils with medical conditions may be disabled. Where this is the case, the Governing Body must comply with their duties under the Equality Act 2010. Some may also have special educational needs and disability (SEND) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the 'Special Educational Needs and Disability code of practice: 0-25 years', Department for Education / Department of Health, January 2015, updated September 2024.

In addition, the following guidance and HSLC Policy documents and/or guidance should be referenced:

- Safeguarding and Child Protection
- Attendance
- Educational Inclusion
- Educational Visits
- Equality Duty Statement
- Health & Safety
- SEND
- Emotional Wellbeing

## **2. Roles and Responsibilities**

HSLC looks to fashion a holistic, coordinated and child centred approach to supporting medical needs that involves a range of partner agencies and key stake holders. Please see Appendix 3 for details of the respective relevant Roles and Responsibilities.

## **3. Medical Condition**

It is the case that most pupils will at some time in their school career have a medical condition that impacts on their school life. This is usually short term and with appropriate support and care, is either fully or substantially resolved.

However, some pupils have a long term and complex medical condition with associated needs, which, if not properly managed, may restrict their ability to attend school regularly and take part in school activities. Such a long term medical condition would be characterised by the potential for acute episodes, a requirement for on-going support and involve the need for medication and/or care whilst at school. The condition is likely to need monitoring and could require immediate intervention in emergency circumstances.

As such, medical needs may be broadly summarised as being of two types:

Short Term – affecting participation in education / school activities whilst they are on a course of medication or support

Long Term – potentially limiting access to education and requiring additional care, support and arrangements.

Subject to satisfying relevant criteria, the Home Tuition Service can provide temporary educational support for pupils who are unable to attend school for medical reasons. The purpose is to minimise disruption to education for children who are physically ill, injured or have mental health difficulties. Where appropriate school will liaise with the Home Tuition Service and partner agencies to attempt to put this in place.

## **4. Identification of Pupils with a Medical Condition / Medical Needs**

As a part of the established admission procedure and transition to HSLC, relevant school staff will seek information and records with regard to any actual or potential health issues. This will involve the HSLC Admission Team, representative from the Student Support Team and Learning Support Team where appropriate and identified as necessary. Where necessary an Individual Health Care Plan (IHCP) will be developed and put in place (see below).

A 'team around the child' approach within school will be adopted and used to consider and formulate the school response to any identified medical conditions requiring support. This will extend to consideration of staff training needs, any 'reasonable adjustments', sharing of information and specific arrangements required to deliver the identified level of care.

As part of the routine admission process HSLC will proactively and as soon as possible, communicate with parents / carers to gather information relating to any medical conditions and use this as a basis for profiling associated support needs and risk. This will, where appropriate, involve consultation with relevant health professionals and partner agencies involved, to inform decision making and the introduction of the best possible support. HSLC will treat medical information with appropriate confidentiality, sensitivity and discretion and following discussion with parents/carers and pupil, agreed information will be shared on a 'need to know basis' within school. Any written records and correspondence will be stored securely and only available to appropriate, key staff.

To ensure consistency of support, HSLC will also share all relevant information relating to medical conditions and required support when a pupil leaves HSLC, with the new education setting.

**Specific consideration will be given on a case by case basis when identified needs extend to any form of intimate or invasive care. Support will be formulated in line with identified best practice, statutory guidance and local protocols and routinely documented in an IHCP.**

Please see Appendix 1- Process for Developing Individual IHCPs

## **5. Individual Health Care Plan**

Please see Appendix 2 for the HSLC Individual Health Care Plan (IHCP) Template.

The IHCP is the key document to ensure that identified medical conditions are supported in school. To protect both pupils and staff, the IHCP will take account of any potential safeguarding and risk issues emerging as part of the required support and level of care (especially and for example, involving invasive or intimate care). Where appropriate, statutory guidance and established best practice will be used to inform arrangements and partner agencies/local authority consulted.

Each individual pupil that has a medical condition requiring ongoing support will have an IHCP. Where appropriate, supporting documentation may be attached to the IHCP. Parents/carers will be sent a copy of the agreed IHCP and the individual pupil will be aware of all aspects of arrangements for support. The Learning Support Team, Pastoral Manager for Health and Attendance, HSLC First Aiders and - where necessary the Head Teacher – will take the lead responsibility for developing, implementing and maintaining IHCP's. The HSLC Health Lead will have responsibility to oversee and monitor the IHCPs, ensuring relevant information is communicated effectively through the school community.

HSLC will maintain a central record of IHCP's (Appendix 4). All IHCP's will be reviewed annually or by exception when information is received that indicates changes are necessary. Parents are made aware of the need to keep school staff fully updated with any changes such as symptoms varying, medication or treatment changes or medical emergency that may have occurred out of school.

Where the child has SEND, the IHCP will be used as part of the graduated approach of 'Assess, Plan, Do, Review' and/or linked to their statement or Education Health and Care Plan if they have one.

IHCP's will be distributed to relevant teaching and support staff, and the most recent copy attached in linked documents.

As required by statutory guidance the IHCP will include these details

- 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, e.g. crossed 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, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required;
- Arrangements for written permission from parents and Headteacher for medication to be administered by a member of staff, or self-administered by the pupils during school hours;
- Separate arrangements or procedures required for school trips or journeys or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
- Dependent on the complexity of the child's condition and the degree of support needed, there will be an agreement in the IHCP meeting as to which members of staff may or may not be informed of its content, outside of those named to provide care or support directly.
- Where a child can administer his/her medication, this should be written into the IHCP, including plans for access and supervision.
- The IHCP should include steps to be taken if a pupil refuses to take his/her medication at school at the prescribed times. This may be that the parent/carer or another competent, named family member should be called to school to take immediate responsibility for the child. HSLC is clear that at all times, safeguarding and supporting the well-being of individual pupils is of paramount importance and that failure or refusal to take required, prescribed medication will be viewed as a safeguarding, as well as a health concern.

## **6. Record Keeping**

A record will be kept of all medicines administered to pupils on each occasion that this takes place and will document relevant information and be signed by staff.

## **7. Staff Training and Support**

When school staff become aware (via Parent or health professional) of a specific medical condition, which may need either a IHCP or specific actions relating to care, efforts will begin in order to put in place arrangements so that school staff providing medical support to a pupil with a medical condition will be suitably informed and trained.

School will seek advice and guidance from key stakeholders through their supporting roles and responsibilities to ensure identified needs and training requirements are met and information available to school – this will include parents / carers, pupil and professionals. Precise arrangements will naturally vary on a case by case basis but details of required support will be logged on the IHCP.

Some HSLC school staff are designated and qualified First Aiders and can support staff and students when necessary, involving parent/carers as appropriate. The HSLC designated First Aider will maintain a list of current HSLC Staff who are first aid trained.

Staff must not give prescription medicines or undertake health care procedures without appropriate training and necessary information. If there is any doubt or concern the school First Aiders should be consulted in the first instance

## **8. Pupils Managing Their Own Medical Needs**

Following agreement with and consent by parents/carers, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures in school.

Wherever possible, pupils will be allowed to carry their own medicines and devices or should be able to access their medicines for self-medication quickly and easily.

Supervision to support pupils to take medication if required, will be available, following discussion and agreement with parents / carers

If pupils refuse to take medication or carry out a necessary procedure, staff will not force them to do so, but follow the procedures agreed in the IHCP. Parents will be informed as soon as is practicable, so that alternatives can be considered. The Headteacher and Deputy Designated Safeguarding Officer/Designated Safeguarding Lead will be advised.

Appropriate recording of the refusal will be made identifying the subsequent action taken, by whom and at what time. Depending upon the potential implications of any refusal to take medication, it may be necessary to contact emergency services and / or NHS helpline Tel: 111

### **9. Safeguarding Concerns and Refusal to Taking Medication**

The safeguarding implications (self and other's) will be considered in the event of a refusal to comply with an agreed regime of medical support/prescribing – particularly if this impacts upon behaviour, mood or generates risk concerns.

### **10. Managing Medicines on the HSLC Site**

Medication on the HSLC site will be logged and stored safely and securely in the designated First Aid area (situated within the Student Support Building) and pupils with medical conditions will be made aware of storage, supervision and access arrangements. Access to stored medication will be restricted and overseen by the HSLC First Aider

Where necessary, medicines will be stored in a dedicated refrigerator and always in line with manufacturer's recommendations with regard to storage requirements. Arrangements will be made directly with parents / carers to ensure the safe delivery to HSLC, handover to First Aider and any subsequent removal of medication (as required)

Staff will accept only medication when it is supplied to the school in the original dispensed container and not re-packed in another container. It should be labelled with the name of the pupil, the name and strength of the medication, the dosage, the time, frequency and method of administration, the length of treatment, the date of issue and the expiry date. The medication should have been dispensed within the previous three months. Where pupils have more than one prescribed medicine, each should be in a separate container. Where appropriate, the administration of medication will be cross referenced with an IHCP

Having to store large amounts of medication on site is discouraged at HSLC and wherever possible, parents/carers are be requested to bring the required daily dose to school on a regular basis, covering limited or finite timescale (as in a defined course of treatment).

HSLC policy is that school staff should not dispose of medication and we will look to parents/carers to work with school and assume responsibility for the removal and disposal of any out of date expired medication or medication that is no longer required by the pupil. School staff will contact parents to seek support and facilitate a return of the redundant medicines to the parent/carers. If parents/carers do not collect unused or date expired medication within a reasonable time of being requested to do so, it will be communicated to parent/carer that the medication will be taken to the local pharmacist for safe disposal.

### **11. Prescribed Medication**

It is expected that parents/carers will normally make every effort to administer medication at home and NO prescribed medication will be administered in school without the documented/written permission of parents, which is held on file.

Wherever possible, but in line with the prescribing regime, administration of medication will be timed to minimise impact upon lesson time. Pupils will be advised of where any medication is stored, access arrangements (scheduled and emergency) and who will administer it.

HSLC strongly supports guidance that medicines should only be taken in school when essential - that is where it would be detrimental to a child's health if the medicine were not to be administered during the school day. HSLC will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines will only be administered in line with the advised prescribing regime outlined by health professionals.

A designated member of staff (usually the HSLC First Aider or nominated, trained alternative member of staff) when giving medicine to a pupil, will in a supervising and supporting role:

- Check the pupil's name and prescribed dose and accompanying instructions on the container – ensuring the right pupil receives the right medicine
- Check expiry date
- Complete and sign the school record, to log the administration of the medicine

School will never accept medicines that have been taken out of the container as originally dispensed or make changes to dosages on request of parent / carer

## **12. Non-Prescribed Medication**

Only administered with consent following agreement with parent – **generally, school staff should not administer non-prescription medication**

### **NO PUPIL UNDER 16 SHOULD BE GIVEN ASPIRIN UNLESS PRESCRIBED BY A DOCTOR**

Parents/carers can authorise and supply appropriate pain killers for their child's use, but they would need to provide written instructions, detailing when their child last took the medication, what dosage is required and when they should take the next dose.

Staff supervising medication will be trained in First Aid and are supported by another appropriate adult to witness the administering of the medication. A record will be kept of medication taken by pupils in school and this is as agreed with and confirmed by parents.

Particular care should be taken, as staff may not be aware, if the pupil has previously taken non-prescription medication and the effects this may have if the pupil is already taking other prescribed medication

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

Staff on school trips should be made fully aware of the medical needs of pupils, the procedures for administration of medication and the relevant emergency procedures. Staff who remain concerned about whether they can ensure the pupil's safety or the safety of others on the trip must seek medical advice. Discussion should also take place with the Deputy Designated Safeguarding Lead/ Designated Safeguarding Lead and Head teacher to ensure that appropriate risk management and support plans are in place.

## **14. Sexual Health**

It is generally accepted that there is an increase in young people who are sexually aware and sexually active. Whilst we recognise that most young people under the age of 18 have a healthy interest in sex and sexual relationships, it is essential that each individual's situation be addressed within a health needs assessment framework.



Our aim is whenever possible, to work in open and honest partnership with parents/carers, and in so doing, ensure that they feel confident in our commitment and ability to provide effective individual and bespoke support for our student community. HSLC will also actively seek support of key stakeholders within school and relevant partner agencies and healthcare professionals to inform the decision making process and support that is put in place.

The school is clear that any work (assessment, guidance / advice, signposting etc) undertaken by staff and/or partner agencies should reflect, and be in accordance with, legal requirements and established ethical and professional protocols. Decisions should be informed by professional judgement and accountability and documented accordingly. The issue of consent and information sharing will always be carefully considered and evaluated in line with safeguarding obligations.

Therefore, where information is received that young people, regardless of their gender, are believed to be engaged in, or planning to be engaged in sexual activity, support and guidance will be available (e.g. School Nurse) to ensure that individual needs for health education, support and/or protection are met.

Guidance on the ability of a young person to consent to treatment.

School accept that any competent young person, regardless of age, can independently seek medical advice and give valid consent to medical treatment (Department of Health 1997). This guidance is underpinned by the Fraser Guidelines. Fraser Guidelines dictate that should the following conditions be met, contraceptive advice or treatment could be provided by a relevant professional:

- The young person is mature enough to understand this advice and the implications of treatment
- The young person is likely to begin or continue to have sex with or without treatment
- The professional has tried to persuade the young person to inform parents/carers
- The young person's health would suffer without treatment or advice
- The best interests of the young person are taken into full consideration

The application of the Fraser guidelines in issuing sexual health advice or treatment is quite separate from identifying unlawful sex or abuse.

Competence relates to the young person's ability to understand the choices and the consequences, including the nature, purpose and possible risk of any treatment or non-treatment. If the health professional assesses that the young person is competent in their understanding then parental consent to treatment is not necessary. However, consideration of the context of presentation or behaviour will inform any consideration of safeguarding implications and if guidance is required from the Safeguarding and Partnership Hub, SAPH). School would usually seek to inform parents/carers, unless there are compelling reasons for not doing so (such as risk/safeguarding issues that may develop as a result of such contact being made). Decisions will be made on an individual case by case basis and the pupil will be involved as far as is possible in the decision making process.

Staff will provide clear explanations about what is going to happen and the choices and reason for certain courses of action. The specific circumstances allied to the age, understanding and capacity of the pupil, will always be taken into account and assist in determining the level of involvement of the pupil in discussions and decision making and how and when and with who, information is shared. Every effort will be made to jointly formulate and agree a course of action and support plan but guarantees of confidentiality cannot be made.

If there is reasonable professional concern that a child may be at risk of harm at HSLC, this will always override a requirement to keep information confidential.

The school seeks to work alongside agency partners in this area (i.e. health professionals) but cannot be held accountable for independent, confidential advice provided. It could be the case that school are unaware of support provided and advice given – in line with established health protocols.

## Legal Framework – under 16's

It should be noted that the House of Lords reviewed the issues of consent with regard to young people under 16 and ruled that they could give valid consent to medical treatment as long as they had sufficient understanding and intelligence to appreciate fully what is proposed, and are capable of expressing their own wishes. Lord Fraser identified the principal; that parental rights yield to the young person's right to make their own decision when they reach sufficient understanding and intelligence to be capable of making up their own mind on such matters.

### Young People under the age of 13

In cases where the sexually active young person is under the age of 13, there must be a discussion with the Social Services Child Protection Team and, including the police, as appropriate.

This discussion should be informed by the assessment undertaken and in the majority of cases, may be largely for the purposes of consultation and information sharing. In order for this discussion to be meaningful, the young person will need to be identified, as will their sexual partner, if details are known.

In the vast majority of cases, it will not be in the best interests of the young person for criminal or civil proceedings to be instigated although Police and Social Services may hold vital information that will assist in any clear assessment of risk. The Sexual Offences Act (2003) makes it clear that sexual activity with a child under the age of 13 years of age is never acceptable. It should be noted that the contribution of the school to this decision making process will not necessarily be a significant one and decision will be taken by Social services and Police.

Action to be taken when a girl under 13 is found to be pregnant will be informed by the in house protocols of social services and police, regardless these circumstances should always be discussed with Social Services Public Protection Units.

### **Child Protection concerns**

Any information shared with school that informs a child may be a risk of harm (emotional or physical) will be managed and supported through the Child Protection Policy. Any concerns can be discussed with the Designated Safeguarding Lead (Kay Sullivan), Deputy Designated Safeguarding Lead (Emma Webster) or the Head Teacher (Steve Ostler)

### **15. Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the pupil's IHCP, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

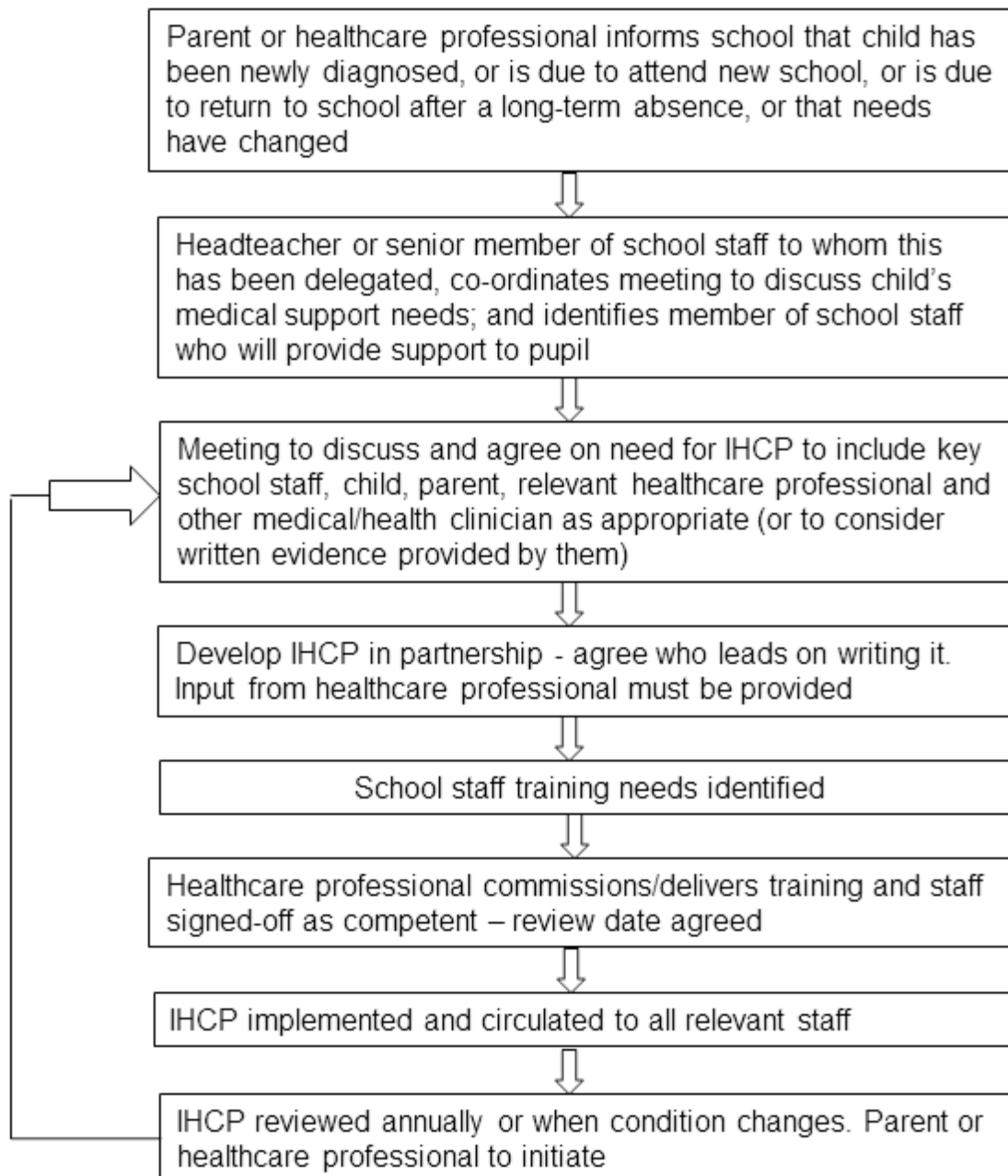
## **16. Insurance**

Staff who undertake responsibilities within this policy and individual IHCP's are covered by the school's insurance. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head Teacher.

## **17. Complaints**

In the event of dissatisfaction with medical support being provided, the HSLC Complaints Policy can be found on the school web site and is also available from the Head Teachers PA, who can be contacted via the main school switchboard (01964 532727) or by email ([office@hslc.co.uk](mailto:office@hslc.co.uk)). The HSLC Senior Leadership Team is committed to supporting pupils and parents / carers and would always encourage and welcome the opportunity to resolve any concerns through direct communication and where appropriate meeting.

**Appendix 1- Process for Developing Individual Health Care Plan**



**Appendix 2 – Individual Health Care Plan (IHCP) Template**

Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

**Family Contact Information**

Name	
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	
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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 including Sporting Activities

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

Form copied to

## **Appendix 3 – Roles and Responsibilities**

### **The HSLC Governing Body ensures that**

- this policy is developed, reviewed and implemented in order that students with medical conditions can participate fully in school life
- sufficient staff are competent and have received suitable training
- any member of school staff who volunteers to provide support to students with medical conditions is able to access all relevant information

### **The HSLC Headteacher ensures**

- that the policy is developed and effectively implemented with partners
- that all staff are aware of the policy and understand their role in its implementation
- that all staff who need to know are aware of the child's condition
- that sufficient trained numbers of staff are available to implement the policy and requirements of IHCP's
- that the school's guidance on developing IHCPs is followed
- that staff are appropriately insured and are aware that they are insured to support students in this way
- that the school nursing service is contacted in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

### **Parents and Carers**

- should provide sufficient, up-to-date information about their child's medical needs and treatment
- should be involved in the development and review of their child's individual healthcare plan;
- should carry out any action they have agreed to as part of its implementation
- have prime responsibility for their child's health and are responsible for ensuring their child is well enough to attend school
- should, where possible, arrange with their doctor for medication to be administered outside of school hours
- should liaise with the identified member of staff to agree the school's role in helping to meet their child's medical needs
- are responsible for supplying written information about the medical condition and medication their child needs to take in school and letting the school know in writing of any changes to the prescription or its administration or to the support required
- should, where possible and required, arrange for a separate supply of medication for use in school
- should provide details of possible side effects, other special needs (e.g. dietary requirements, allergies etc)
- Details of GP and any specialists medical practitioners involved and emergency contact details
- are responsible for the supply, collection and disposal of medication

### **The Individual Pupil Should**

- be fully involved in discussions about their medical support needs and contribute as much as possible;
- comply with, their individual healthcare plan.

## **The School Nurse**

- if and when becoming aware, will notify the school when a child has been identified as having a medical condition which will require support in school. This should be at the earliest possible opportunity
- may support staff on implementing a child's individual healthcare plan and provide advice
- can liaise with lead clinicians locally on appropriate support for the child and associated staff training
- can be a source of advice and support in relations to pupils with medical needs

## **Other Healthcare Professionals**

- should notify the school nurse and school staff (Headteacher / Student Support Team Manager) and work jointly when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans and support / advice for particular medical conditions



**Appendix 4 – Record of IHCP and Medical Condition Requiring Support**

Name	Medical Condition	IHCP Yes / No	IHCP Last Review	IHCP Next Review	Notes