

Appendix 1

Our Ref: NEN/KON

April 2016

ALL PARENTS

Dear Parent/Carer

Re: Healthcare Plans

IMPORTANT: Please can you complete the form on the reverse of this letter again, even if you have already completed this form very recently. We need you to complete it again as there was no pupil name section on the first version of the form that was sent out. Please accept our apologies for this inconvenience.

To ensure we fully support every child at Dormston School, we are requesting that all parents and carers provide us with some up to date information of any medical conditions that may impact on your child's welfare and their ability to learn effectively.

A central requirement of the school's policy is for an individual Healthcare Plan to be prepared, setting out what support each pupil needs and how this will be provided, if required. Individual Healthcare Plans are developed in partnership between the school, parents, pupils and the relevant health care professionals who can advise on any needs you child may have.

We will need to make judgments about how best to support your child's medical needs within school so they are able to participate fully in school life. The level of detail within the plans will depend on the complexity of their condition and the degree of support needed.

Once the information has been provided by you, we may arrange a meeting with you to start developing your child's individual Healthcare Plan. If this is needed we will arrange a meeting with our School Nurse, Mrs Tracey Smith.

Could you please complete the form on the reverse of this letter and return it to your Child's Form Tutor by 20 May 2016.

I would be happy to discuss this further with you if you require any further information or assistance.

Yours sincerely

Neil Eveson

**Mr Neil Eveson
Business Manager**

Appendix 1

Medical Details Form

Pupil Name:		Form:	
Doctor's Name:		Medical Practice Name:	
Practice Address		Telephone Number:	
Do you give permission for the School to call a Doctor in an emergency?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you give permission for the School to administer First Aid in an emergency?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide below details of any medical conditions that the School should be aware of, and any emergency action that should be taken (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medicines etc.)			
Any Other Health Needs:			

PLEASE RETURN THIS FORM TO YOUR FORM TUTOR.