

Dear Parent/Carer

**Student:**

**Form:**

**Ref:** Student Medical Plan

You have indicated that your child suffers from a medical condition.

As part of accepted good practice and with advice from the Department of Education and relevant voluntary organisations we have recently established a New Medical Conditions policy for use by Harper Green.

As part of the new policy, we are asking all parents/carers of children with a medical condition to help us by completing the attached information for their child. We will need this information to determine if your child needs an individual Health Care Plan or Emergency Medical Protocol Plan. Please complete the relevant document fully and return to Harper Green School by Monday 4<sup>th</sup> April 2016. If you would prefer to meet someone from the school to discuss your child's medical condition further then please contact the relevant year team on telephone number: 01204 572941.

If your child's medical condition means that they may need an emergency medical plan, we will need to contact the relevant healthcare professionals for guidance on this. Once completed, your child's completed plan will store helpful details about the medical condition, current medication, triggers and individual symptoms. The plan will help school staff to better understand your child's individual condition.

Please make sure that the school is kept informed about changes to your child's medical condition or medication. This includes any changes to how much medication your child needs to take and when your child needs to take it. If your child no longer suffers from a medical condition please complete the slip below and return it to the relevant year team. **It is your responsibility to keep the school up to date regarding any changes to your child's medical needs.**

Electronic versions of the documents will be available to download from the schools website.

Yours sincerely,

*P Holmes-Patel*

P Holmes-Patel  
Assistant Headteacher, Director KS4

✂-----

Pupil's Name: \_\_\_\_\_ Form: \_\_\_\_\_

My Child no longer has a medical condition and that information should be removed from school records.

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_