****

**Annex C**

SUPPORT FOR PUPILS WITH MEDICAL CONDITIONS

School Notification Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referrer: | | | | Date: | | Job Title: | | | | | | | |
| Email: | | | | | | Telephone: | | | | | | | |
| **Child Details** | | | | | | | | | | | | | |
| Name: | |  | | | | | Stud ID: | | | |  | | |
| NHS No: | |  | | | | | P Number: | | | |  | | |
| Address: | |  | | | | | | | | | | | |
| Date of birth: | |  | | | | | Gender: | | | |  | | |
| Ethnicity: | |  | | | | | Age: | |  | | Year : | |  |
| First Language: | |  | | | | | School/Education provision | | | |  | | |
| Religion: | |  | | | | | Attendance: overall  I code | | | | %  % | | |
| LAC | CP | | CIN | | TAF | | | EHA | | EHC plan | | SEN support | |
| Yes/No | Yes/No | | Yes/No | | Yes/No | | | Yes/No | | Yes/No | | Yes/No | |

|  |  |  |
| --- | --- | --- |
| Other service Involvement | Past  *Name and contact details* | Current  *Name and contact details* |
| Royal Manchester Childrens Hospital: |  |  |
| Health: |  |  |
| CAMHS: |  |  |
| Disability Team: |  |  |
| Education Psychology: |  |  |
| SEND: |  |  |
| Social Care: |  |  |
| Early Help: |  |  |
| YJS: |  |  |
| Missing From Home: |  |  |
| CSE/Protect: |  |  |
| Outreach: |  |  |
| 0-25: |  |  |
| Primary Intervention Team: |  |  |
| Education Welfare: |  |  |
| Other: |  |  |

Attach pupil registration certificate

Provide brief details of pupil’s medical condition:

Does school have an Individual Healthcare Plan (IHCP) in place for this pupil? Yes/No *If Yes, please attach.*

If No, Provide details of any special arrangements in place at school

What is working well? What are the protective factors?

Lived Experience, Views and wishes of child/young person.

Views and wishes of the parents/carers.

This form should be returned to Education Welfare Service via [cme@salford.gov.uk](mailto:cme@slaford.gov.uk)