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**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: overallI 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