



TO CARE  
TO LEARN  
TO ACHIEVE

**BEDFORD HIGH SCHOOL**  
A Specialist Business and Enterprise College  
with Applied Learning  
Headteacher: Mrs H J Phillips

October 2019

Dear Parent/Guardian

As you will know, the school sends out a data collection form annually to ensure your child's records are kept up-to-date in school. The data collection sheet includes space to note any medical conditions or allergies your child has.

If your child has any of the following, it is important that an Individual Healthcare Plan is completed:

- an allergy which may place them at risk of becoming unwell in school
- a medical condition, such as diabetes, which relies upon regular checks and self-administered treatment

This is also essential if your child has:

- an epi-pen or inhaler that they carry
- any medication which needs to be given during the school day

It is your responsibility to complete a new plan every year, even if your child's circumstances haven't changed. A copy has been attached for your convenience, so if any of the above apply, please complete it and pass to your child's PGO as soon as possible. It may be that we will need further information, and if we do, we will contact you. School keeps the form securely on file and if medicines are stored or given in school, this is also recorded.

If your child has an allergy to a substance they are likely to come into contact with (eg, peanut, dairy etc) it is very important that they inform their circle of friends of their condition and the triggers. They can then ensure they prevent any unnecessary risk while in school together.

Yours faithfully

*B Moss*

Mrs B Moss  
Deputy Headteacher

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### Medicines Policy Appendix 1 - Individual Healthcare Plan

<b>Name:</b>	<b>DOB:</b>	<b>Tutor Group</b>
<b>Parent/carer name:</b>	<b>Relationship to child:</b>	<b>Date written:</b>
<b>Tel no home:</b>	<b>Work:</b>	<b>Mob:</b>

<b>Medical condition</b> Including signs, symptoms triggers	<b>Medication:</b> <b>Name:</b>	<b>Procedures</b> Including support required in school to manage the condition and other daily requirements	<b>Emergencies</b> <b>What constitutes and emergency, procedures and actions to be taken</b>
	Dose:		
	Method of administration:		
	Side effects/contraindications		
<b>Arrangements for School trips:</b>		<b>Clinic/hospital contact details:</b>	
<b>Staff training needs (for office use only):</b>		<b>Form copied to (for office use only):</b>	

Signed by School nurse..... Date.....

Signed by staff member ..... Date.....

Signed by Parent/carer..... Date..... Review date.....