# Medical Needs Notification Form

# All referrals are the responsibility of the school and must come from the school with written evidence of health need and confirmation of ongoing medical intervention (Part B)

# The case cannot be considered until this form has been completed and returned by the school.

# The medical evidence part of the form must also be completed.

Notification should be submitted where a child or young person is unable to attend school and their medical needs result in them being away from school for 15 days or more, whether consecutive or cumulative. (See Medical Needs Guidance for further information)

Information on this form will be shared with all professionals working with the child/young person.

**Completed forms should be returned to** [**inspire@lbhf.gov.uk**](mailto:inspire@lbhf.gov.uk)

**Child’s details**

|  |  |
| --- | --- |
| Child/Young Person’s name |  |
| Date of birth | Click or tap to enter a date. |
| Home address: |  |
| Ethnicity | Please select |
| Gender |  |
| Doctors Practice Name and Contact Number |  |
| School | Please select |
| If other, please enter |
| Year group | Please select |
| Unique Pupil Number |  |
| CYP home borough |  |
| SEND Area of Need if applicable | Please select |
| SEN status if applicable | Please select |
| Is the child eligible for Free School Meals | Please select |

|  |  |
| --- | --- |
| **PARENT/CARER INFORMATION** | |
| Name of main contact: |  |

|  |  |
| --- | --- |
| Relationship: |  |
| Tel No: |  |
| Email: |  |
| Parent Consent: | Please attach a completed consent form |

**Other services**

Please record the names of services that have supported the child/young person or family and tick to indicate whether this was a previous involvement or is current.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of service | Involvement | Previously involved | Currently involved | Contact person name and number |
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|  |  |  |  |  |
| Please select the highest level of Social Care intervention that the child has received | | | | Select intervention |

**Reason for Referral**

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| --- |
| Describe the Medical Needs with reasons why the CYP may experience barriers to learning, participation and achievement and not able to attend school. |
|  |

All educational settings are provided with resources to support pupils and students with medical needs. Please therefore identify the provision made from the schools delegated budget to address the child/young person’s needs and the outcomes of this.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of provision / intervention | Delivered by | Start date | Review date | Outcomes of provision / intervention e.g. impact | Cost of provision / intervention |
|  |  | Click or tap to enter a date. | Click or tap to enter a date. |  |  |
|  |  | Click or tap to enter a date. | Click or tap to enter a date. |  |  |
|  |  | Click or tap to enter a date. | Click or tap to enter a date. |  |  |
|  |  | Click or tap to enter a date. | Click or tap to enter a date. |  |  |
|  |  | Click or tap to enter a date. | Click or tap to enter a date. |  |  |

|  |
| --- |
| Please outline the school’s plan for the continuing education of this CYP. |
|  |

**Examinations & attendance**

For Key Stage 4 pupils please give details of any examinations likely to be taken.

|  |  |  |  |
| --- | --- | --- | --- |
| Subject | Exam Board | Predicted Grade | Date |
|  |  |  | Click or tap to enter a date. |
|  |  |  | Click or tap to enter a date. |
|  |  |  | Click or tap to enter a date. |
| Attendance (previous 12 weeks) | | % |

**Parent/Caregiver Agreement to share Medical Information**

I give my permission for health professionals working with my child/young person to share medical information with educational professionals through the completion of Part B of this form.

|  |  |
| --- | --- |
| Signed |  |
| Date consent provided: | Click or tap to enter a date. |

**Referral agreed by:**

|  |  |
| --- | --- |
| Requested by (Key School Contact): |  |
| Position: |  |
| Contact number: |  |
| Date: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Headteacher approval: |  |
| Date: | Click or tap to enter a date. |

**Medical Information (Part B)**

# It is the school’s responsibility to ensure that Part B of this form is sent for completion by the Medical Professional supporting a referral by the school. The form should be returned to the school on completion and submitted with the full notification.

Prolonged absence from school for any child or young person is likely to have a considerable impact on educational and social outcomes. It is, therefore, vital that professionals working with children or young people with medical needs take extreme care when considering whether advice is appropriate or legitimate as sanction for periods of absence from school. For this reason, the local authority officer supporting pupils unable to attend school will not usually accept a letter from a GP alone in support of a referral.

Referrals from schools must be supported with appropriate recent written evidence from either:

* A consultant with responsibility for the child/young person’s case
* The Hammersmith and Fulham School Health Service or Children’s Community Nursing Team
* A Senior Mental Health Practitioner working with the child/young person and Adolescent Mental Health Service (CAMHS) with responsibility for the child/young person’s case. As the process of referral to CAMHS can be lengthy, we consider children/young people on an individual basis and may provide support based on the recommendation of a GP or school nurse who will advise as an interim measure on the impact of the child’s mental health needs on accessing learning. We would only take this step where other professionals working with the family felt that it was appropriate to do so.

|  |  |
| --- | --- |
| Child/Young Person’s name |  |
| Date of birth | Click or tap to enter a date. |
| Medical condition: |  |
| Date of most recent appointment | Click or tap to enter a date. |
| Brief medical history |  |
| Current involvement and interventions/ treatment |  |
| Future plans for medical intervention / by whom and with timescales |  |
| Please give details of any medication the child/young person is currently prescribed |  |
| Are there any issues around the safety of the CYP which need to be known to those working with them? |  |
| Please describe the issues which would make it difficult for this CYP to attend school in the conventional context e.g., full time? |  |
| Likely period of absence from school |  |

**It is my professional opinion that the child/young person** (please tick):

|  |  |
| --- | --- |
| Has had an injury/operation which currently prevents them from attending school |  |
| Has a diagnosed illness which prevents them from attending school |  |
| Has a diagnosed illness **but is able** to attend school either part time or full time with additional support |  |
| Is experiencing a diagnosed acute mental health episode which prevents them from attending school \*\*\*\*has/has not been referred to a CAMHS professional is experiencing mental health issues **but is able** to attend school either part time or full time with additional support |  |

|  |  |
| --- | --- |
| Signed |  |
| Name and Position: |  |
| Contact number: |  |
| Email address: |  |
| Date: | Click or tap to enter a date. |

**CAMHS referrals should be counter signed by the Team Manager**

|  |  |
| --- | --- |
| Signed |  |
| Name and Position: |  |
| Contact number: |  |
| Email address: |  |
| Date: | Click or tap to enter a date. |

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|  |  |
| --- | --- |
| Referral form received: | Click or tap to enter a date. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Review 1: | | | | |
| Name |  | | | |
| Position: |  | | | |
| Recommendations | Return to Referrer |  |  | |
| Refer to Service |  | Name of service |  |
| Submit to Panel |  |  | |
| Notes/actions |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Review 2: | | | | |
| Name |  | | | |
| Position: |  | | | |
| Recommendations | Return to Referrer |  |  | |
| Refer to Service |  | Name of service |  |
| Submit to Panel |  |  | |
| Notes/actions |  | | | |

|  |  |
| --- | --- |
| Outcomes |  |