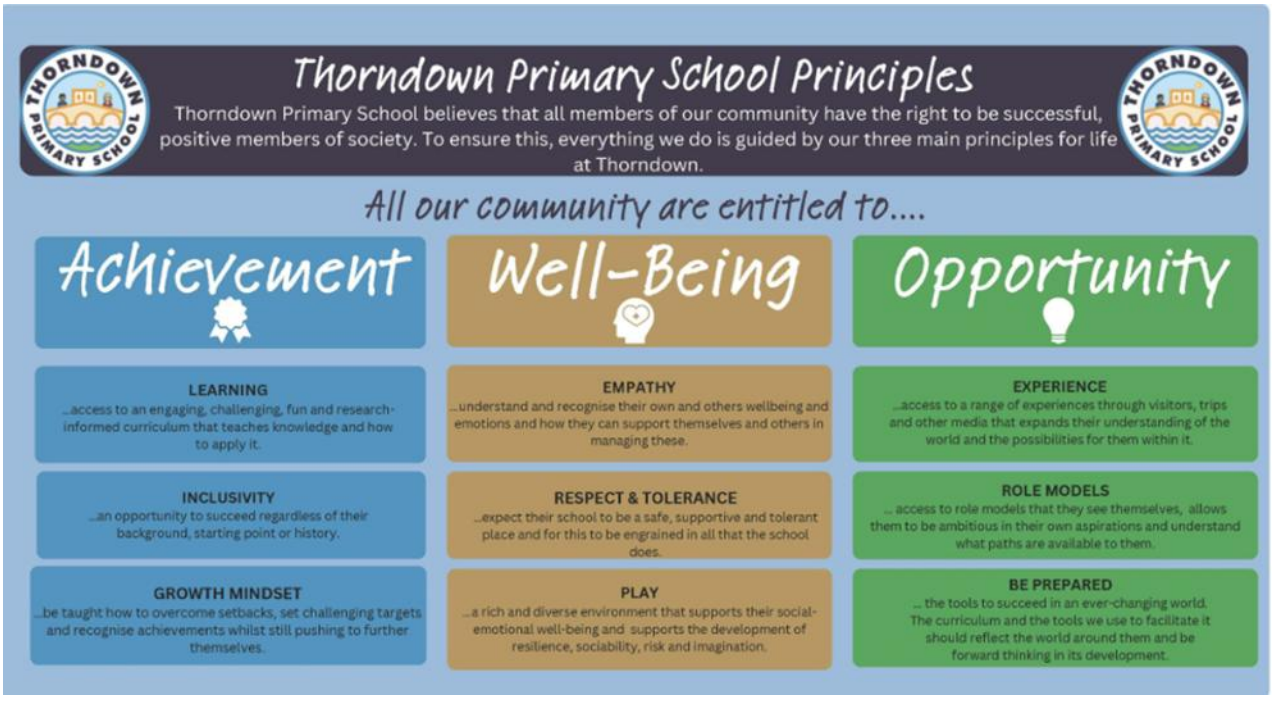
Medical Needs Policy



Agreed on 12/11/2026

Next Review 11/11/2027

Chief Executive Gillian Beasley

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1. Background

Pupils with medical needs may receive education provision in a range of settings. Most children with medical needs will have their needs met within their school environment, through provision ordinarily available in school.

On rare occasions where children are so unwell they cannot attend school they may be educated whilst in hospital, at home or an alternative provision setting. A pupil may require intermittent support and require a flexible approach to meet needs.

In this document 'parent' has the meaning given by Section 576 of the 1996 Education Act and it includes: all natural parents, whether or not they are married, and any person who, although not a natural parent, has parental responsibility for a child or young person, and any person, although not a natural parent, who has care of a child or young person.

The aim of this document is to clarify how SEND Service 0-25 and the Alternative Provision (AP) and Inclusion Service along with Schools and Educational settings, working in partnership with healthcare and other professionals, can support a child with medical conditions, both physical and mental health, by adapting the curriculum and, when required, applying the Local Authority's devolved funding to meet educational needs.

This guidance is to be used to complement the Department of Education (DfE) guidance "Supporting pupils at school with medical conditions" – December 2015. and 'Summary of responsibilities where a mental health issue is affecting attendance' Feb 2023

Supporting-pupils-at-school-with-medical-conditions.pdf

Summary_of_responsibilities_where_a_mental_health_issue_is_affecting_attendance.pdf

School governing bodies should make reference to the DfE document which outlines responsibilities and guidance to ensure that arrangements are in place to support pupils with medical conditions.

The statutory guidance sets out arrangements under this duty when it is clear that a child will be away from school for **15 days** or more because of ongoing health needs, whether **consecutive or cumulative** across the school year.

Statutory guidance and reference links

https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

https://www.nhs.uk/every-mind-matters/supporting-others/childrens-mental-health/

Supporting-pupils-at-school-with-medical-conditions.pdf

Summary of responsibilities where a mental health issue is affecting attendance.pdf

Physical and Mental Health Condition Pathway

Child or Young Person is absent for 15 school days (Consecutive or non consecutive) and reasons for absence have been explored by school.



Parent informs the school that the child or Young person has been unwell or has a long term condition



Meeting is held to discuss and write the IHEP (Individual health and education plan. Link under useful resources).

This should include contributions from key school staff, child/Young person (where appropriate), parents, relevant medical and healthcare professionals and Access and Inclusion coordinator (Primary SEND District Team) or Education Inclusion Officer (Secondary).



Assess, plan, do review cycles using IHEP, to include school professionals, parents, Health and medical professionals if possible.



Where medical advice states child is too poorly to attend school IHEP and supporting documents to be sent to Access and Inclusion (Primary) child receives medical tuition from LA or Child receives medical tuition via devolved funding (Secondary). this is reviewed on a regular basis (approx 6 weekly)

2. Key Information

Taken from: Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England December 2017

Advice on the role of parents:

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its

drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Advice on the role of governing bodies:

Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Advice on the role of pupils:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Advice on the role of headteachers:

Headteachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's medical condition. They should also ensure that sufficient trained numbers of staff are available to implement

the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Advice on the role of school nurses:

Every school has access to Universal school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 18 to 20 below about training for school staff.

Advice on the role of school staff:

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Advice on the role of other healthcare professionals:

Other healthcare professionals, including GPs and Paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist healthcare teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3. The Statutory Framework

The Children and Families Act 2014 places a duty on the governing bodies of all Maintained schools, Academies, Alternative Provision Academies and Pupil referral Units to make arrangements to support pupils with medical conditions. Section 19 of the Education Act 1996 and section 3 of the Children, Schools and Families Act 2010, place local authorities under a duty to arrange full-time education for all children who, for reasons which relate to illness, exclusion or otherwise, would not receive suitable education unless arrangements are made for them.

The Local Authority is clear that.

- Continuing quality assurance is a vital part of the ongoing safeguarding of children we will ensure that provision and educational offer is appropriate including curriculum, hours, context and aspiration.

- The Authority's role and position as advocate of the vulnerable child.

- Young people should attend school wherever possible – school attendance can significantly improve the wellbeing of a young person.

- Good planning between professionals enables young people to participate in education and return to school wherever possible.

- Schools should make every reasonable adjustment to enable a young person to be in school.

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. Governing bodies and academy trusts, in partnership with SEND, AP and Inclusion services must ensure that arrangements are in place in schools to support pupils at school with medical conditions.

- Governing bodies and academy trusts should ensure that school leaders consult with The Local Authority, health professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

4. Recurrent short term/minor illnesses

Pupils who have regular absence for illness, should be monitored carefully to ensure that the illness is not an indicator that there are other difficulties which are not encouraging regular attendance. Absence due to illness needs to be raised sensitively with pupils and their parents with meetings being offered by the school as a way of intervening early and providing support. Most minor illnesses are self-limiting and do not require contact with a GP.

Early intervention and appropriate ordinarily available provision may be applied in many cases for short term or minor illnesses. Strategies may include provision such as access to toilets and changing spaces, health/medical plans, amended start and finish time. Early and appropriate response to medical needs will, on most occasions, ensure that children can remain in their schools setting.

Medical certification for short term illness is not appropriate and should not be requested as standard school policy. GPs are not contractually obliged to provide a sick note for children off sick for school. Schools should authorise absences due to illness (using 'I' code) unless they have genuine cause for concern or are questioning the validity of the absence.

If the authenticity of the illness is in doubt or where there are high levels of sickness absence, schools can request that parents provide medical evidence to support illness. Medical evidence can take the form of prescriptions, appointment cards, medicine bottles etc. rather than doctors' notes. If this is not satisfactory schools should record the absence as unauthorised and should advise parents of their intention. Schools are advised not to request medical evidence unnecessarily.

Medical or dental appointments should be coded with an 'M' code in the attendance register. Schools should encourage parents to make appointments out of school hours. If this is not possible, the pupil should only be out of school for minimum time and return to school immediately following their consultation.

5. Long term medical needs

When a child suffers from a long-term condition, it is the parent's responsibility to work collaboratively with schools on the development of their child's medical needs plan. This may include parents sharing medical information from the responsible specialist and/or the GP where appropriate. Some conditions may require further medical investigation and therefore take longer to diagnose and in these circumstances, the schools should not delay arranging a

multiagency meeting to plan an alternative package of education, with the medical information that parents hold at the time (See Flowchart. Pages 4 and 13)

For Cambridgeshire Secondary Schools, the service level agreement devolves this responsibility through the devolvement of funds to the school/academy via a Service Level Agreement. At the initiation of the medical needs pathway, a range of support strategies may be actioned to enable the child to have their needs met within school, these may differ dependant on the needs of the child.

Children with mental health needs

The DfE departmental advice, 'Mental health and behaviour in schools', March 2016 clarifies the responsibilities of the school, outlining what they can do and how to support a child or young person whose behaviour may relate to an unmet mental health need.

https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

Schools will recognise that there can be attendance challenges where a child has a social, emotional or mental health issue. As per paragraph 219 of the Working together to improve school attendance guidance, school staff should advise parents/carers to notify them on the first day the child is unable to attend due to illness. School staff must record absences as authorised where it is not possible for a pupil to attend due to illness (both physical and mental health related).

Many children will experience normal but difficult emotions that make them nervous about attending school, such as worries about friendships, schoolwork, exams or variable moods. It is important to note that these pupils are still expected to attend school regularly.

School staff should work quickly to communicate this expectation to parents/carers, and work together with them to ensure that such circumstances do not act as a barrier to regular attendance. Any associated anxiety about attending should be mitigated as much as possible by creating a plan to implement reasonable adjustments to alleviate specific barriers to attendance. Support is available at Children's mental health - Every Mind Matters

https://www.nhs.uk/every-mind-matters/supporting-others/childrens-mental-health/

If a parent proactively seeks out a note from a GP, it does not imply a need for absence unless this is explicit in their letter. Schools can request medical evidence of a mental health-related absence where there is a genuine and reasonable doubt about the authenticity of the illness.

A meeting should be called to include parents, school and, for primary schools, attendance from the Local Authority Access and Inclusion Coordinator for the district area (Primary schools). This will allow professionals to join up and provide cross-agency support around the school or family where they feel other services may help. Schools and families should consider whether an EHA needs to be completed to identify and support the family's needs in a holistic way.

Local Authority Contact for further advice and support:

Primary Schools	Secondary Schools
South Cambridgeshire & City – 01223 728311 East Cambridgeshire & Fenland – 01353 612802 Huntingdonshire – 01480 373470 Alex Davies_ County SEND District Manager AlexH.Davies@cambridgeshire.gov.uk	Anna Wahlandt – County Alternative Education Provision Manager - 01354 750369 anna.wahlandt@cambridgeshire.gov.uk Michael Kaoura – Deputy County Alternative Education Provision Manager-07770583259 Michael.kaoura@cambridgeshire.gov.uk

All schools in Cambridgeshire have access to training that can help them to adopt a therapeutic approach to meeting the needs of children with Social, Emotional and Mental Health difficulties. Research has consistently demonstrated that whole school approaches, adjustments to school environments and the school's ethos can make a real difference to a child's sense of belonging, inclusion and mental health needs. Therefore, the following approaches are promoted and supported by SEND Services in Cambridgeshire:

Whole School approaches and training

- **ELSA (Emotional Literacy for Support Assistants)** – Training delivered by Educational Psychologists for designated Teaching Assistants who are released to support children with mental health or social and emotional needs. This training includes termly supervision sessions with other ELSAs and for schools who 'buy-in' to this approach, they have autonomy over the children that their ELSA works with. This training should enable TAs to do some early intervention work with children and young people who may require some short-term work to help them to overcome some emotional regulation difficulties in school.

  Recovery through Relationships is designed to develop adults' understanding of the effects of relational and developmental trauma and loss on children and young people. It encourages the development of professional curiosity, a 'trauma lens'. This course will consider the impact that trauma and attachment difficulties can have on a young person's life and education through the use of the Cornerstone Virtual Reality Training Headsets, enabling a greater understanding of a young person's lived

experience. Training is free to Cambridgeshire schools, delivered by SEND District and virtual school. Training includes.
Introductory two-hour training using VR Headsets. Half Day. Recovery through Relationships: Train the Trainer Modular Training. Contact the Virtual School directly about this package: vitualschool@cambridgeshire.gov.uk

- Additional training such as **Functional Behaviour Analysis** can also be delivered in schools. Similar to Steps, this approach encourages schools to look at their whole school response to understanding children's needs and how pupils can be supported once their needs are fully unpicked. Resources within this training could be used by a range of school staff to help them to understand children's needs, why they behave in certain ways and what adults can do to support them better.

- All schools are offered at least one yearly planning meeting with staff (Educational Psychologists and Specialist Teachers) from SEND 0-25 Services. Should they wish to seek whole school/year advice, it is possible for them to do this strategically within their planning meeting.

- It should be possible for Senior Leaders to carefully plan their staffing and approaches so that pupil's needs are considered alongside the school's Teachers/TAs experience and training level. By doing this, adults should be deployed in a way that enables them to be in the best position to be able to support children to regulate their emotions.

- Schools can access whole school training from the Emotional Health and Well-being Service and the Mental Health Support Teams (where available). These teams offer training for teachers and TAs around topics that relate to mental health (including resilience and confidence, attachment difficulties and so forth). The Emotional Health and Well-being Service also offer school's 'duty calls' which can be used to support schools to problem solve/reflect on their practice relating to meeting the needs of children with mental health difficulties.

- The Department of Education has released grants for all schools to support them in training Designated Senior Mental Health Leads in schools. See link**: Senior mental health lead training - GOV.UK (www.gov.uk)**

- Access to the Emotional Health and Well-being Service half termly briefings. These sessions are held virtually and offer schools opportunities to listen to professionals from a range of disciplines to help them to make good referrals and access specialist support (where necessary).

- **Parents role and responsibilities**
- Parents/carers have a duty, under section 7 of the Education Act 1996, to ensure that their child of compulsory school age (5 to 16) receives an efficient full-time education either by attendance at school or otherwise, and so share in the responsibility of ensuring good and regular attendance.

School should work with parents/carers and child to understand the barriers to their attendance. Making reasonable adjustments to overcome specific barriers is an effective way of building confidence and reducing anxiety about attending. Parents/carers should engage with support offered by the school and be reminded of the importance of regular attendance and the emotional and mental wellbeing benefits of attending school, for children and young people. In some instances, parents/carers themselves might be living with mental health problems or experiencing wider vulnerabilities or challenging life circumstances. This may affect their ability to provide support and care, and so it is important to recognise the need for practical, whole-family support and/or early help support where necessary. Where support offered is not engaged with, or where all other options have been exhausted or deemed inappropriate, schools should work with the Local Authority to consider whether to formalise support or to enforce attendance through legal intervention in the normal way under their existing powers.

<u>Support Parents can expect from School.</u>

- Regular meetings between School professionals and parents - Schools and settings should meet with parents where there is concern regarding a child or young person's mental health needs and emotional regulation difficulties. The purpose of these meetings is to form a graduated approach and response to the child's needs (i.e. assessing what the child needs, making a plan, reviewing the plan and then re-forming the plan depending on the child's progress/needs).

- Schools should use 'ordinarily available provision' (strategies that they can put in place without additional advice or funding from specialists or the Local Authority). These interventions could include strategies such as:

    - meet and greet (where the adult can build a relationship with the child and listen to their needs)
    - time with a trusted adult (to assess the child's needs and form ways of supporting them)
    - unstructured time alternatives, e.g. lunch club/ quiet space / games club
    - manualised programmes to support children's wellbeing – E.g. What to do when you worry too much
    - individual support plans that utilise any of the whole school approaches above (e.g. 'predict and prevent' from and Individual risk management plans from Steps)
    - differentiated expectations in group work which take into account anxiety.
    - reasonable adjustments in relation to how children might record their work or present their in class.
    - careful groupings to enable children to work in groups where they feel more confident
    - opportunities to share things that they feel that they have done well to people that they value most

- strength based approaches to learning – focusing on two things that went well and one area that they want to improve
- regular opportunities for movement/regulation breaks so that they can refocus on learning when they have become distracted
- carefully considered seating plans and opportunities to work in different areas of the class based on their fluctuating emotions and mental health needs
- whole school ethos around friendships, compassion and empathy in schools so that children feel safe and know how to manage anxiety, sadness or loneliness
- a clear RSHE curriculum that incorporates learning around relationships, sex education and health education that is tailored for each year group.

Websites/Virtual support for CYP mental health needs

Mental Health first aid and a range of resources can also be found and accessed on **Keep Your Head Mental Health Service (keep-your-head.com)**

Online mental wellbeing community for secondary school aged children in Cambridgeshire and Peterborough **Home - Kooth**

Winston's wish (bereavement support) **Bereavement support for children and families | Winston's Wish (winstonswish.org)**

Young Minds **YoungMinds | Mental Health Charity For Children And Young People | YoungMinds**

Child line – Mental Health resources **Mental health | Childline**

Full Scope - Organisations that support mental health and well-being in children and young people in Cambridgeshire and Peterborough **Fullscope (fullscopecollaboration.org.uk)**

YMCA Trinity – Charity for supporting community programmes to transform lives. **Home - YMCA Trinity Group**



6. The Cambridgeshire Physical/Mental Health Needs Pathway

Physical and Mental Health Condition Pathway - The Physical and Mental Health Condition Pathway describes the approaches taken and the standards of education required for Young people
(See Flowchart below)

Child or Young Person is absent for 15 school days (Consecutive or non consecutive) and reasons for absence have been explored by school.

↓

Parent informs the school that the child or Young person has been unwell or has a long term condition

↓

Meeting is held to discuss and write the IHEP (Individual health and education plan Link under useful resources).

This should include contributions from key school staff, child/Young person (where appropriate), parents, relevant medical and healthcare professionals and Access and Inclusion coordinator (Primary SEND District Team) or Education Inclusion Officer (Secondary).

↓

Asess, plan, do review cycles using IHEP, to include school professionals, parents, Health and medical professionals if possible.

↓

Where medical advice states child is too poorly to attend school IHEP and supporting documents to be sent to Access and Inclusion (Primary) child receives medical tuition from LA or Child receives medical tuition via devolved funding (Secondary). this is reviewed on a regular basis (approx 6 weekly)

7. Response to absence due to health need

Most children with severe needs will follow a continuing care pathway. There may be a very small minority of children for whom their medical needs impact their access to education at a level beyond what would be expected to support from their school resources. In these cases, schools may wish to consider application for an EHCNA.

Level 1	Level 2	Level 3	Level 4
Emerging Needs	Additional Needs	Complex Needs	Severe Needs

PROVISION CONTINUUM

Minor Need in School	In School Significant Need	Out of School Significant Need	Inpatient / Severe Need
▪ Refer to strategies and resources in SEND OAP toolkit for SEMH and SEND related support **SEND OAP toolkit EBSA and mental health awareness resources** ▪ Parents and school meet to discuss need and duration. ▪ Ensure young person is known about by all staff working with the child. ▪ Provision made for young person to catch up on work missed. ▪ Practical needs such as stairs, time between lessons, distance to classes are met	▪ Named staff member for contact. ▪ Identified space in school for rest. ▪ Plan for non-attending days. ▪ Plan for work catch up and prioritisation. ▪ Enhanced pastoral offer. ▪ Review meetings planned. ▪ Timetable review. ▪ Key contact with medical lead established. ▪ Refer to Reduced Timetable Guidance. ▪ Member of SEND service EG Link Specialist teacher, educational psychologist, Access and Inclusion coordinator or team leader	▪ Up to 25 hours per week of learning. ▪ Contact with qualified teacher. ▪ Essential – use of IT. ▪ Referral to District team for support with home visits. ▪ IHEP completed involving member of SEND service	▪ If Young Person attending inpatient school, ensure links are maintained assuming eventual return. ▪ If YP at home, ensure contact with qualified teacher at agreed intervals. ▪ Pastoral support agreed. ▪ IHEP completed involving member of SEND service

▪ Involve parents/carers to support a child who is anxious about attending from an early stage. ▪ Maximise face to face attendance as far as possible supported by planning with the family and CYP. ▪ Consider additional pastoral care/SEND support input, including Cognitive Behavioural Therapy, Counselling, Play Therapy, Educational Psychology, Solution Focused Therapies.			

8. Individual Health Education Plan and risk assessment

An Individual Health Education Plan (IHEP) must have been completed for all young people whose access to education is restricted due to Medical Need.

Schools should make every effort to engage parents to maximise continuity of education provision.

- A template can be found here.

Individual Healthcare plan__Part 2.pdf (medicalconditionsatschool.org.uk)

- A guide to completing an IHEP can be found here.

Individual-Healthcare-plan-Part 1.pdf (medicalconditionsatschool.org.uk)

- The information in this guidance is taken from.

Health Conditions in Schools Alliance (medicalconditionsatschool.org.uk)

- It is advisable that the governing body, head teacher and SENCO all make themselves aware of their statutory responsibilities towards children with medical conditions, either temporary or lifelong.

9. Hospital Education Provision in Cambridgeshire

- Pilgrim Pathways School (PPS) is a local authority alternative provision delivering education for children and young people with complex mental health or physical health needs. The school operates in four distinct medical centres occupying two sites. and provides education on site to patients of school age, during their hospital stay. The aim of the Pilgrim Pathways school is to provide continuity of education for children and young people who are hospitalised through a bespoke individualised high quality education which enables children and young people with medical and mental health needs to achieve their potential and experience success. Our two provisions who cover primary aged children are:

- The Croft Child and Family Unit is a residential inpatient mental health assessment unit which works with children and young people from 4-13 years old, and their families. The unit provides intensive assessment and treatment for children with complex emotional, behavioural and social difficulties. It also offers intensive work with parents to help them develop their parenting skills.

- Addenbrooke's Hospital is part of Cambridge University Hospital (CUH). Addenbrooke's Learning and Education Centre (part of the PPS) provides education to children and young people admitted as inpatients for a wide range of physical health needs. The children and young people access to high quality education and support, ensuring that they are able to access education throughout their stay but also be given support they need to have a smooth transition back to school when they are ready to do so.

- The educational offer at the Croft is fully integrated into the ward program offer, and pupils access education from the second day of admission in the classroom unless they are too unwell to access this. Addenbrooke's patients access education on the third day of admission unless too ill. Pupils who are recurring patients can access education on the first day of re-admission.

- Pilgrim Pathways School uses a wide range of information to establish a bespoke educational offer for each of our pupils. Depending on their physical and mental health state, they will follow one of our five school Curriculum pathways When appropriate, liaison with home schools or education providers is key in supporting continuity and the maximising of progress in the education of pupils who are hospitalised. Staff make early contact with the education provider to elicit information and maintains regular contact with these throughout admission.

- Outreach: Pilgrim Pathways School works in partnership with the Brainbow service. Launched in 2013, Brainbow is a unique partnership between three independent charities – Anna's Hope, Camille's Appeal and Tom's Trust, working with

Addenbrooke's Hospital to fund and provide a pioneering rehabilitation service in the East of England for children with brain tumours. This includes a teacher who works jointly for Brainbow and Pilgrim Pathways School

10. School Policy

All schools should have a medical conditions policy which states how the school will care for any children with medical conditions, the procedures for getting the right care and training in place and who is responsible for making sure the policy is carried out.

The policy should recognise health conditions can be life threatening and that they can also affect how a child learns. Schools must regularly review and audit their policy to make sure the arrangements for children with medical conditions are working.

Schools in England are required by law to have a medical conditions policy.

This policy statement should be developed with pupils, parents, school nurse, school staff, governors, the school employer and relevant local health services. **This policy statement should be made publicly available on the school's website.**

Source: Health Conditions in School Alliance

The Health conditions in school alliance have produced a sample medical needs policy.

Example medical needs policy

11. Key contacts and useful resources

If you have any questions about anything in this document, or you have concerns relating to practice issues you can contact.

Anna Wahlandt – County Alternative Education Provision Manager - 01354 750369
anna.wahlandt@cambridgeshire.gov.uk

You can also contact SEND Service 0-25;
South Cambridgeshire & City (Tel: 01223 728311)
East Cambridgeshire & Fenland (Tel: 01353 612802)
Huntingdonshire (Tel: 01480 373470)

Attendance Contact details

01223 715 682nsa.helpline@cambridgeshire.gov.uk

Links to useful resources.

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/349437/Supporting_pupils_with_medical_conditions_-_templates.docx

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/269469/health_needs_guidance__-_revised_may_2013_final.pdf

https://nasen.org.uk/uploads/assets/f7bff687-5e79-4c89-a0e5c7b6cfa847a4/children-with-medical-needs-miniguide.pdf

http://medicalconditionsatschool.org.uk/