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**Medical Information to Support Education Setting Referrals for Education to Support Medical Treatment**

**Please return this form and relevant evidence to the young person’s school to be sent with the Education to Support Medical Treatment Plan Referral Form. You may find it helpful to refer to the current DfE statutory guidance when sending this form and evidence:**

* [Arranging education for children who cannot attend school because of health needs](https://assets.publishing.service.gov.uk/media/657995f0254aaa000d050bff/Arranging_education_for_children_who_cannot_attend_school_because_of_health_needs.pdf)
* [Mental health and behaviour in schools](https://assets.publishing.service.gov.uk/media/625ee6148fa8f54a8bb65ba9/Mental_health_and_behaviour_in_schools.pdf)

**Important notes for the medical professional to be aware of:**

* All young people’s education as part of the medical treatment plan will be reviewed at six weekly intervals and on-going medical evidence is required from the current medical team working with the young person (usually discussed at medical consultation meetings with the relevant Pupil Referral Unit).
* It is expected that young people return to their education setting as soon as they are able to.
* If a young person has been absent from their education setting on medical grounds for more than 15 school days, either consecutively or cumulatively, and is currently unable to attend any education setting due to a serious medical condition; or is unable to be supported in any way by their education setting, the setting may seek support from the Local Authority.
* Education settings have resources to support young people with medical needs. Before confirming that a child cannot be supported in any way within their education setting, please refer to the statutory guidance [Supporting pupils with medical conditions at school](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3)
* Education is generally provided by a local Pupil Referral Unit, this is either on site at the Pupil Referral Unit or at the young person’s home using a virtual learning platform.

**If you would like to discuss this referral or require further information, please contact the Education Engagement Service at** [**EducationEngagement@somerset.gov.uk**](mailto:EducationEngagement@somerset.gov.uk)

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| **Young Person’s Details** | | | | |
| Young Person’s Full Name |  | Date of Request |  | |
| Young Person’s DOB |  | | | |
| Date Last Seen By You |  | | | |
| Date of Next Appointment |  | | | |
| **Professional Details** | | | | |
| Name |  | | | |
| Role |  | | | |
| Agency/Organisation |  | | | |
| Direct Dial |  | | | |
| Contact Email |  | | | |
| Lead Professional/Care Coordinator |  | | | |
| Prior to completing this form has a medical professional from your service: | | | | |
| Provided guidance to the education setting regarding the young person’s needs? | | | | Choose an item. |
| Contributed to a plan to support the young person’s attendance? | | | | Choose an item. |
| Attended a multi-professional meeting or a Team Around the Child (TAC) meeting? | | | | Choose an item. |
| What was the date of the last multi-professional meeting or a Team Around the Child (TAC) meeting you attended? | | | |  |
| **Young Person’s Medical Information and Support** | | | | |
| What is the young person’s diagnosis/presenting medical needs/concerns and what impact does this or any medication they take have on them completing daily tasks/activities and attending their education setting? | | | | |
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| At the time of completing this form, does the young person’s diagnosis/medical needs stop them accessing education provided by their education setting? | | | | |
| On a full-time timetable? | | | | Choose an item. |
| How many hours of education do you think the young person can engage with a week currently? | | | |  |
| What support are you or your service offering the young person? How will this help to reengage them with their education setting? | | | | |
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| What support do you think is required from the Local Authority to reengage the young person with their education setting? | | | | |
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**Please send the young person’s care plan to their education setting with this form, so they can both be submitted with the Education to Support Medical Treatment Plan Referral.**