



Photo of student

Cover sheet

Individual health care plan

School: _____ Phone: _____

Region:	
Student:	
ERN:	
Medicare Number:	
DOB:	
Health condition(s) including allergies:	
Medication(s) at school:	
Other support at school:	
Parent/Carer contact (1)	Surname: First name: Relationship to child: Address. Home phone: Work phone: Mobile phone:

Parent/Carer information (2)	Surname: First name: Relationship to child: Address. Home phone: Work phone: Mobile phone:
Other contacts (if Parents /Carers unavailable)	Surname: First name: Relationship to child: Address. Home phone: Work phone: Mobile phone:
Medical practitioner/doctor contact:	Surname: First name: Relationship to child: Address: Phone: Email (if known): Mobile phone (if known): Fax (if known):
Emergency Care Issues: <i>Note: An emergency care/ response plan is required if the student is identified at risk of an emergency reaction.</i> <hr/> <hr/> <hr/>	

Emergency Service Contacts: (eg ambulance, local hospital, medical centre)

1. _____

2. _____

3. _____

Any special medical notes relating to religion, culture or legal issues, eg. blood transfusions.

Note: If the student is transferred to the care of medical personnel, eg paramedics this information, will if practicable in the circumstances, be provided to those personnel. It will be a matter for the professional judgment of the medical personnel whether to act on the information.

Please tick which of the following documents are attached as part of the individual health care plan:

- An emergency care/response plan
- A statement of the agreed responsibilities of different people involved in the student's support
- A schedule for the administration of prescribed medication
- A schedule for the administration of health care procedures
- An authorisation to contact the medical practitioner
- Other documents – please specify

This individual health care plan has been developed as part of the learning support plan, in consultation with those indicated below and overleaf and with the knowledge and agreement of the student's parent/caregiver. Information has been provided by:

- Student Parent/Carer GP Medical specialist

Department staff involved in plan development:

- | | |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |
| 4. _____ | Phone: _____ |

Health care personnel involved in managing the student's health at school: (eg. Community Nurse, Therapist)

- | | |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |

The plan will be reviewed on:.....

NOTE: Health care plans should be reviewed at least annually or when the parent notifies the school that the student's health needs have changed. Principals can also instigate a review of the health care plan at other times.

Signature of Parent/Carer: Date

Signature of Principal: Date

NOTES:

Information in this individual health and emergency care plan remains specific to meet the needs of the individual student named and should not be applied to the care of any other student with similar health and emergency care needs. All individual health and emergency care plans must take into account issues of confidentiality and privacy to ensure information about the student is treated appropriately.

The school and the Department are subject to the Health Records and Information Privacy Act 2002. The information on this form is being collected for the primary purpose of ensuring the health and safety of students, staff and visitors to the school. It may be used and disclosed to medical practitioners, health workers including ambulance officers and nurses, government departments or other schools (government and non-government) for this primary purpose or for other related purposes and as required by law. It will be stored securely in the school.