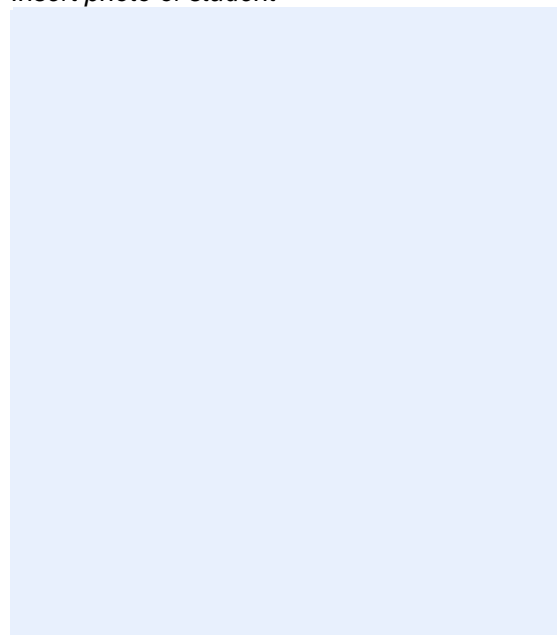




Insert photo of student



Individual Health Care Plan Cover sheet

This template forms the cover sheet for an individual health care plan. Additional information and attachments will be relevant to meet the specific health care needs of the student.

The individual health care plan must address the needs of the student in the context of the service and the activities the student will be involved in. Planning must take into account the student's full range of learning and support needs.

The individual health care plan is developed in consultation with the parent, staff and student, where practicable, and on the basis of information from the student's doctor, provided by the parent.

For more information see <http://www.schools.nsw.edu.au/studentsupport/studenthealth/index.php> and for students with anaphylaxis see the Anaphylaxis Procedures for Schools.

The plan will be reviewed on:

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

Student name		Year	
Date of birth		Medicare number	
Health condition/s			
If anaphylaxis, list the confirmed allergies			
Impact of any of the conditions (as mentioned above) on implementation of this individual health care plan			

Medication/s provided to service (For anaphylaxis this will include the auto injector)		Expiry	
Replacement date(s)			
Other support at service			
Parent/Guardian contacts:	Parent/Guardian information (1)		
	Name		
	Relationship to child		
	Emergency phone		
	Parent/Guardian information (2)		
	Name		
	Relationship to child		
	Emergency phone		
Emergency contacts (if parent/guardian unavailable)	Name		
	Relationship to child		
	Emergency phone		
Medical practitioner / doctor contact:	First name		
	Surname		
	Address		
	Phone		
	Mobile (if known)		
	Email (if known)		
	Fax (if known)		

Emergency Care

Notes:

An emergency care/response plan is required if the student is diagnosed at risk of a medical emergency at school.

For students at risk of anaphylaxis the [ASCIA Action Plan for Anaphylaxis](#) is the emergency response plan. This plan is obtained by the parent from the student's doctor and not developed by the school.

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

1.

2.

3.

Special medical notes.

Any special medical notes relating to religion, culture of 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.

Documents attached

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

An emergency care/response plan (for anaphylaxis this is the ASCIA Action Plan for Anaphylaxis)

A schedule for the administration of prescribed medication

A schedule for the administration of health care procedures

Other documents – please specify. *Note: For anaphylaxis this should include strategies to minimise the risk of exposure to known allergens and details of communication and staff training strategies. See the Anaphylaxis Procedures for Schools for further information.*

Please ensure any relevant medications are supplied along with documentation. We are required by law to have any medications mentioned on site, otherwise we are required to exclude the child from the service.

Consultation

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/guardian. Information has been provided by:

Student

Parent/Guardian

GP

Medical specialist

Service staff involved in plan development/implementation

1.

Phone

2.	Phone
3.	Phone
4.	Phone
5.	Phone
Health care personnel involved in managing the student's health at school: (eg Community Nurse, Therapist)	
1.	Phone
2.	Phone
3.	Phone
4.	Phone
Signature of Parent/Guardian:	Date
Signature of Director:	Date
<p>NOTES:</p> <p><i>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.</i></p> <p><i>The service 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.</i></p>	