



STUDENT HEALTH SUPPORT PLAN - Cover Sheet

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan – see www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx)

This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and student.

School: Barton Primary School		Phone: 03 8766 4000
Student's name:		Date of birth:
Year level:		Proposed date for review of this plan:
Parent/carer contact information (1)	Parent/carer contact information (2)	Other emergency contacts (if parent/carer not available)
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Home phone:	Home phone:	Home phone:
Work phone:	Work phone:	Work phone:
Mobile:	Mobile:	Mobile:
Address:	Address:	Address:
Medical /Health practitioner contact:		
<input type="checkbox"/> General Medical Advice Form - for a student with a health condition <input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy <input type="checkbox"/> School Asthma Action Plan <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning <input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking <input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for toileting, hygiene and menstrual health management <input type="checkbox"/> Condition Specific Medical Advice Form – Cancer <input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes		
List who will receive copies of this Student Health Support Plan :		
1. Student's Family 2. Other: _____ 3. Other: _____		
The following Student Health Support Plan has been developed with my knowledge and input		
Name of parent/carer or adult/mature minor** student: _____ Signature: _____ Date: _____		
**Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. See: Decision Making Responsibility for Students - School Policy and Advisory Guide		
Name of principal (or nominee): _____ Signature: _____ Date: _____		
Privacy Statement		
The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly on 8766 4000.		

HOW THE SCHOOL WILL SUPPORT THE STUDENT'S HEALTH CARE NEEDS

Student's name: _____	
Date of birth: _____	Year level: _____
What is the health care need identified by the student's medical/health practitioner? _____	
Other known health conditions: _____	
When will the student commence attending school? N/A	
Detail any actions and timelines to enable attendance and any interim provisions: _____	

STUDENT MEDICATION FORM

I give permission for school personnel to administer medication to my child. I understand that it is my duty to contact the school and complete another permission form should the dosage etc. alter from what is indicated below.

Parent/Guardian's name: _____

Child's name: _____

Medical Condition:

Name of Medical condition/s	Symptoms	Details of medical condition/s

Medication required:

Name of Medication/s	Dosage (Amount)	Time/s to be administered	How is the medication taken? (Orally, injection)	Dates Required
				Start date: End Date: Ongoing medication (please tick) <input type="checkbox"/>
				Start date: End Date: Ongoing medication (please tick) <input type="checkbox"/>
				Start date: End Date: Ongoing medication (please tick) <input type="checkbox"/>
				Start date: End Date: Ongoing medication (please tick) <input type="checkbox"/>

I hereby give my consent that this medication be administered to my child, as I have directed here. I further consent that medical attention may be sought for my child, should it be deemed necessary.

Signature of parent/guardian: _____

Date: _____

Below are some questions that may need to be considered when detailing the support that will be provided for the student's health care needs. These questions should be used as a guide only.

Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
Overall Support	Is it necessary to provide the support during the school day?	<i>Ventolin, hay fever medication, EpiPen's, Eczema, Diabetes and other medication kept in school sickbay</i>	First Aid Officer/Nurse
	How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?	<i>The students using nebulisers learn to use puffers and spacers at school.</i>	First Aid Officer/Nurse
	Who should provide the support?	<i>First Aid Staff Classroom Teacher ES Staff</i>	First Aid Officer/Nurse
	How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?	<i>Medications stored in locked cabinets All details of students are kept confidential Separate Sick Bay located in the school office Separate room for students and families to change students clothes and cultural wear.</i>	First Aid Officer/Nurse
First Aid	Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?	<i>Basic First Aid adjustments as per Asthma, Allergy, Diabetes, Epileptic and Anaphylaxis management plan</i>	First Aid Officer/Nurse
	Are there additional training modules that staff could undertake to further support the student, such as staff involved with excursions and specific educational programs or activities?	<i>Diabetes, Allergy, Asthmatic, Anaphylactic, Epileptic refresher annually</i>	First Aid Officer/Nurse
Complex medical needs	Does the student have a complex medical care need?	<i>N/A unless applicable for students based on their plans</i>	First Aid Officer/Nurse
Personal Care	Does the medical/health information highlight a predictable need for additional support with daily living tasks?	<i>N/A unless applicable for students based on their plans</i>	First Aid Officer/Nurse
Routine Supervision for health-related safety	Does the student require medication to be administered and/or stored at the School?	<i>Based on Asthma, Allergy, Diabetes, Epileptic and Anaphylaxis management plan All medication is stored in school Sick Bay All students attending Sick Bay are logged in compass</i>	First Aid Officer/Nurse
	Are there any facilities issues that need to be addressed?	<i>Asthma, Allergy, Diabetes, Epileptic and Anaphylaxis management plans annually</i>	First Aid Officer/Nurse
	Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?	<i>N/A unless applicable for students based on their plans</i>	First Aid Officer/Nurse
	Who is responsible for management of health records at the school?	<i>First Aid Officer</i>	First Aid Officer/Nurse
	Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student?	<i>Accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student's attendance (full-time, part-time or episodically).</i>	First Aid Officer/Nurse
Other considerations	Are there other considerations relevant for this health support plan?	<i>N/A unless applicable for students based on their plans</i>	First Aid Officer/Nurse