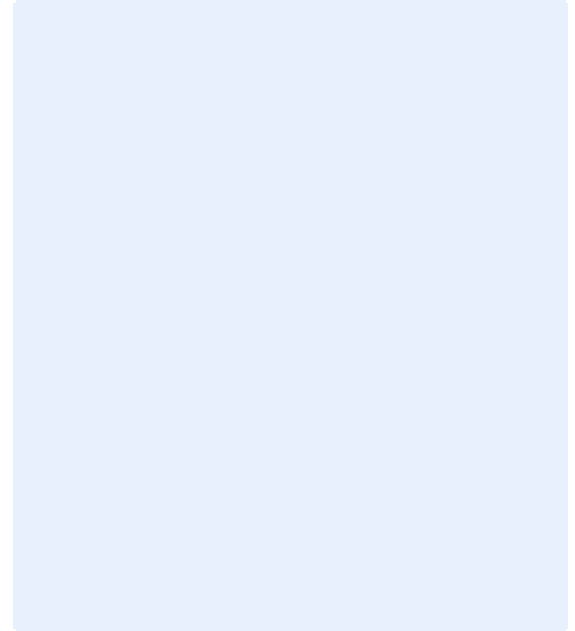




# Individual Health Care Plan Cover Sheet

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.

*Insert photo of student*



The individual health care plan must address the needs of the student in the context of the school 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 school that the student's health needs have changed. Principals can also instigate a review of the health care plan at other times.*

<b>School</b>		<b>Phone</b>	
<b>Principal Network</b>			
<b>Student name</b>		<b>Class</b>	
<b>Date of birth</b>		<b>Medicare number</b>	

<b>ERN/Student number</b>		
<b>Health condition/s</b>		
<b>If anaphylaxis, list the confirmed allergies</b>		
<b>Learning and support needs of the student (including learning difficulties, behaviour difficulties and other disabilities)</b>		
<b>Impact of any of the conditions (as mentioned above) on implementation of this individual health care plan</b>		
<b>Medication/s at school</b>		
<b>Medication supply, storage and replacement. For anaphylaxis this will include the adrenaline autoinjector</b>		
<b>Other support at school</b>		
<b>Parent/Carer contacts</b>	<b>Parent/Carer information (1)</b>	
	First name	
	Surname	
	Relationship to child	
	Address	
	Home phone	
	Work phone	
	Mobile phone	
	<b>Parent/Carer information (2)</b>	
	First name	
	Surname	

	Relationship to child	
	Address	
	Home phone	
	Work phone	
	Mobile phone:	
<b>Emergency contacts (if parent/carer unavailable)</b>	First name	
	Surname	
	Relationship to child	
	Address	
	Home phone	
	Work phone	
	Mobile phone	
<b>Medical practitioner / doctor contact:</b>	First name	
	Surname	
	Address	
	Phone	
	Mobile (if known)	
	Email (if known)	
	Fax (if known)	
<b>Emergency Care Notes</b>		
<p><i>NB: An emergency care/response plan is required if the student is diagnosed at risk of a medical emergency at school.</i></p> <p><i>For students at risk of anaphylaxis the <a href="#">ASCIA Action Plan for Anaphylaxis</a> is the emergency response plan. This plan is obtained by the parent from the student's doctor and not developed by the school.</i></p>		
<b>Emergency Service Contacts: (eg ambulance, local hospital, medical centre)</b>		
1.		

2.

3.

In the event an ambulance is called, schools can print an ambulance report from within ERN for the student.

### Special medical notes

(Any special medical notes relating to religion, cultural or legal issues, e.g. blood transfusions.)

*NB: If the student is transferred to the care of medical personnel, e.g. 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 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
- Request for student to carry their own adrenaline injector or asthma reliever
- An authorisation for the doctor to provide health information to the school
- 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.*

### 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/carer. Information has been provided by:

- |                                       |                             |   |
|---------------------------------------|-----------------------------|---|
| <input type="checkbox"/> Parent/Carer | <input type="checkbox"/> GP | <input type="checkbox"/> Medical specialist |
|---------------------------------------|-----------------------------|---|

### Department staff involved in plan development

1.	Phone
2.	Phone
3.	Phone
4.	Phone

<b>Health care personnel involved in managing the student's health at school:</b> <i>(e.g. Community Nurse, Therapist)</i>	
1.	Phone
2.	Phone
<b>Signature of Parent/Carer:</b>	Date
<b>Signature of Principal:</b>	Date
<p><i>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.</i></p> <p><i>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.</i></p>	

## REQUEST FOR ADMINISTERING PRESCRIBED MEDICATION TO THE STUDENT

*Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.*

**Name of prescribed medication:** \_\_\_\_\_

**Prescribed for (name of medical condition):** \_\_\_\_\_

**Prescribed dosage:** \_\_\_\_\_

**What are you requesting the school to do?** \_\_\_\_\_

**Expiry date of the medication:** \_\_\_\_\_

*Note: if you can't provide this information now we will need to know the expiry date when the medication is given to the school.*

**Special storage requirements if any e.g. in refrigerator:** \_\_\_\_\_

**Special instructions for administering the prescribed medication/s e.g. must be taken with food or with a glass of water:** \_\_\_\_\_

**Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication?**

Yes  No

**If Yes, please provide more information:** \_\_\_\_\_

**Secure delivery of prescribed medication is important for the safety of your child as well as for the safety of other students in the school.**

**Please name the person who will carry the medication to school:** \_\_\_\_\_

*Note: if you are unable to deliver the medication to school, it is advisable that you nominate a responsible person, who is not a school staff member, to transport the medication to the school.*

**For some medications and some students, it can be appropriate for them to carry their own medication to and at school. For example, asthma reliever medication or epipen. If your child is to carry their own medication, we want to be able to support this and request some information so that we are well informed.**

*Note: The school may still need you to provide an additional supply of the medication for storage in central location/s within the school and for use if your child needs the school's help.*

**Would you like the principal to consider a request for your child to carry their medication?**

Yes  No

*Note: The Principal needs to approve a decision for a student to carry their own medication at school.*

**If yes:**

**1. Please describe where and how your child will carry this medication, for example, my child will carry it on their person in a medical pouch or waist bag: \_\_\_\_\_**

\_\_\_\_\_

**2. Please go to Page 8 and complete the Request for student to carry their own adrenaline injector or asthma reliever form.**

*Please note this form is NOT a substitute for the ASCIA Action Plan for Anaphylaxis or the Asthma Action Plan.*

**If your child administers his or her own medication at home, do you request that he or she self-administers this medication at school?**

Yes       No

*Note: the Principal needs to approve a decision for a student to self administer.*

**If yes, please describe what support your child needs to administer the medication in a non emergency situation at school. You may like to include information about how you support your child at home to administer their medication: \_\_\_\_\_**

\_\_\_\_\_

*Note: The medication will need to be clearly labelled with the student's name.*

### REQUEST FOR OTHER SUPPORT

**Please provide details of any other health care support needs of your child while they are at school and involved in school activities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Request for student to carry their own adrenaline injector or asthma reliever

This form is **not** a substitute for the *ASCIA Action Plan for Anaphylaxis* or the *Asthma Action Plan* signed by the student's doctor.

For some medications and some students it can be appropriate for them to carry their own medication to school and at school, for example, adrenaline injector for anaphylaxis and asthma reliever medication for asthma.

For asthma and anaphylaxis it is important for students to have immediate access to their medication.

Please consider whether your child should carry their own adrenaline injector or asthma reliever medication to school and while they are at school.

On receiving this completed request form, the school will confirm the arrangements for how and where your child will carry their own medication.

Parents must supply an asthma reliever or at least one prescribed adrenaline injector to the school. This adrenaline injector must be either carried by the student or held by the school.

**If you would like the school to consider your request for your child to carry their medication, please complete the following information and return to:**

Name of principal

Date

## Student details

First name

Last name

Date of birth

Class

**Q1. My child has been diagnosed with (please select):**

Asthma

Severe allergies (anaphylaxis)

**Q2. I am requesting my child carry the following medication with them to school and at school (please select):**

Adrenalin injector

Asthma reliever medication

Write the name of the asthma reliever medication below



**Q3. Describe where and how your child will carry this medication, for example, my child will carry it on their person in a medical pouch or bum bag.**

*Note: The exact location of the medication should be easily identifiable by school staff. Hazards such as identical school bags should be avoided.*

**Note:**

- Your child's medication should be clearly labelled with their name.
- Where the adrenaline injector is carried by your child they will need to carry with it a copy of their ASCIA Action Plan for Anaphylaxis: [www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis](http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis)
- For asthma reliever medication your child should carry with it a copy of their Asthma Action Plan: [www.health.gov.au/internet/main/publishing.nsf/Content/asthma-plan](http://www.health.gov.au/internet/main/publishing.nsf/Content/asthma-plan)

**Parent/carer details**

First name

Last name

Relationship to student

Street number/street name

Suburb

Postcode

Home phone number

Work phone number

Mobile phone number

Email

Parent/carer signature

Date

**Privacy notice:** *the information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.*

PD-2004-0034-05-06v01.0.0 | If this is a printed document, refer to the department's Policy Library for the most recent version.

