Insert photo of student



Public Schools NSW

# 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 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 <u>http://www.schools.nsw.edu.au/studentsupport/studenthealth/index.php</u> 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.

School	Phone	
Principals Network		
Student name	Class	
Date of birth	Medicare number	
ERN/Student number		
Health condition/s		
If anaphylaxis, list the confirmed allergies		
Learning and support needs of the student (including learning difficulties, behaviour difficulties and other disabilities)		
Impact of any of the conditions (as mentioned above) on implementation of this individual health care plan		

Medication/s at school				
Medication supply, storage and replacement. For anaphylaxis this will include the adrenaline autoinjector				
Other support at school				
Parent/Carer contacts:	Parent/Carer information (1)			
	First name			
	Surname			
	Relationship to child			
	Address			
	Home phone			
	Work phone			
	Mobile phone			
	Parent/Carer information (2)			
	First name			
	Surname			
	Relationship to child			
	Relationship to child   Address			
	Address			
	Address   Home phone			
Emergency contacts (if	Address   Home phone   Work phone			
Emergency contacts (if parent/carer unavailable)	Address   Home phone   Work phone   Mobile phone:			
Emergency contacts (if parent/carer unavailable)	Address   Home phone   Work phone   Mobile phone:   First name			
Emergency contacts (if parent/carer unavailable)	Address   Home phone   Work phone   Mobile phone:   First name   Surname			
Emergency contacts (if parent/carer unavailable)	Address     Home phone     Work phone     Mobile phone:     First name     Surname     Relationship to child			
Emergency contacts (if parent/carer unavailable)	Address     Home phone     Work phone     Mobile phone:     First name     Surname     Relationship to child     Address			

Medical practitioner / doctor contact:	First name	
	Surname	
	Address	
	Phone	
	Mobile (if known)	
	Email (if known)	
For students at risk of anap	Fax (if known)     e plan is required if the student is diagnosed at risk of a medical er     ylaxis the <u>ASCIA Action Plan for Anaphylaxis</u> is the emergency res	
Notes: An emergency care/respons For students at risk of anap obtained by the parent from	e plan is required if the student is diagnosed at risk of a medical er	
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Notes: An emergency care/respons For students at risk of anap obtained by the parent from Emergency Service Co	e plan is required if the student is diagnosed at risk of a medical er ylaxis the <u>ASCIA Action Plan for Anaphylaxis</u> is the emergency res the student's doctor and not developed by the school.	

#### 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 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 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.

<b>Consultation</b> 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:							
Student	Parent/Carer	GP	Medical specialist				
Department staff in	Department staff involved in plan development						
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 Parer	nt/Carer:		Date				
Signature of Princ	ipal:		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.