



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 <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.

School	Manly West PS	Phone	9948 2257
Principals Network	Warringah 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	
	Address	
	Home phone	
Work phone		
Mobile phone:		
Emergency contacts (if parent/carers unavailable)	First name	
	Surname	
	Relationship to child	
	Address	
	Home phone	
	Work phone	
	Mobile 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.

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, 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.

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:

Student Parent/Carer GP Medical specialist

Department staff involved in plan development

1. Mrs Julie Organ	Phone 9948 2257
2. Mrs Wendy Mwanga	Phone 9948 2257
3. Miss Catherine Wyles	Phone 9948 2257
4. Mrs Rosemary Massey	Phone 9948 2257
5.	

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/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.



Parent consent for a doctor to provide information about their child's health condition

This form is to be completed by the parent.

My child (student's name) _____
is currently enrolled or applying for enrolment at _____ school.

I understand that the school may need to discuss the implications of my son's or daughter's medical condition so that the school can consider support for him or her during school hours.

I give my permission for the doctor named below to give the school information about how to manage my son's or daughter's health condition at school.

Doctor information:

Name: _____

Address: _____

Phone: _____

Email (if known): _____

Fax (if known): _____

I understand the information given may be discussed by the principal of the school with other members of the school staff, as is necessary, enabling staff to care for my child.

Signed: _____ Date: _____

(Parent/Carer)