(Parent / Guardian Signature)

*This request must be renewed every three months.*

School Letterhead

**Individual Health Care Plan**

**And**

**Emergency Response Plan**

Our school records indicate that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Health Care Plan* and *Emergency Care Plan* has expired.

Below is the order of responsibilities that needs to be followed for it to be updated per DEC policy.

Could you please complete your required fields so that the school can implement it as soon as possible.

Please note that we are currently running from an expired document as per DEC policy the doctor needs to re issue the plan annually or if the medical needs of the child changes before then.

**Responsibilities in order**

(please tick when complete)

***Doctor***

1. Complete attached plan
2. If a required field is not applicable please indicate this by writing N/A
3. Sign, date and stamp document

***Parent***

1. Read and sign attached plan
2. Return the attached plan to the principal
3. Update emergency contacts

***Principal***

1. Ensure attached plan is complete
2. Return to the doctor if it needs clarifying
3. Read and sign attached plan if complete
4. Update all the staff in meeting of any changes
5. Provide the AP with complete original document

***Assistant Principal Overseeing HCP***

1. Put original HCP in drop file
2. Have whole school medical summaries updated and redistributed
3. Provide a copy to the first aid officer for updating records
4. Update copy in first aid bag
5. Provide a copy to class teacher and class SLSO
6. Provide a copy to the medication officer for updating records
7. Provide a copy to the SAM for the Ambulance folder

***Class teacher and class SLSO***

1. Read attached plan
2. Display emergency car response page in classroom
3. Change medication paperwork in classroom

**INDIVIDUAL HEALTH CARE PLAN**

Insert Student

Photo

School Emblem

**AND**

**EMERGENCY RESPONSE PLAN**

To be completed by prescribing doctor only

|  |  |
| --- | --- |
| **NAME** |  |
| **DATE OF BIRTH** |  |

**MEDICAL CONDITION** (please tick)

Asthma Epilepsy Anaphylaxis Diabetes

Other (please describe below)

**ALLERGIES**

**DESCRIPTION OF SYMPTOMS**

**TRIGGERS OF SYMPTOMS**

**RESPONSE PLAN IN AN EMERGENCY**

**WHEN TO CALL AN AMBULANCE (000)**

**EMERGENCY CONTACTS NUMBERS**

|  |
| --- |
| PARENT / CARER: |
| OTHER: |

**SPECIAL MEDICAL NOTES**

(e.g. relating to religion, culture or legal issues i.e. blood transfusions)

**PLEASE LIST THE NAMES OF ALL CURRENT PRESCRIBED MEDICATIONS**

(Those that are administered both at home and school)

**PHYSICAL ACTIVITY**

(Does the student’s medical need preclude him/her from any physical activity e.g. swimming or trampoline? If yes please explain)

**ADDITIONAL INFORMATION**

(Is there anything else that the school needs to be aware of in managing the student’s complex health care needs?)

**SCHEDULE FOR ADMINISTRATION OF PRESCRIBED MEDICATION AT SCHOOL**

|  |  |  |
| --- | --- | --- |
| NAME OF MEDICATION | DOSAGE AT SCHOOL | TIME AT SCHOOL |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**MEDICAL PRACTITIONER DETAILS**

|  |
| --- |
| NAME OF PRESCRIBING DOCTOR: |
| CONTACT NUMBER: |
| DATE: |
| DOCTOR’S SIGNATURE: |
| DOCTOR’S STAMP: |
| ***ORDER VALID FOR ONE YEAR FROM ABOVE DATE OR SOONER IF MEDICATION IS CHANGED*** |

**PARENT / CARER**

* I authorise that staff at \_\_\_\_\_\_\_\_\_\_ school to contact the above prescribing doctor in the case of clarifying information or in an emergency.
* I will notify the school or any changes to my child’s medical needs, including medication changes, immediately. I realise that my child will be at risk if I do not inform the school of every change to prescribed medication as it occurs.
* I have read the plan written by the doctor and agree to its implementation.
* I realise that all care but no responsibility is taken by the staff of \_\_\_\_\_\_\_\_\_\_ school regarding the administration of the above medication as per the schedule.

|  |
| --- |
| PARENT SIGNATURE: |
| DATE: |

**HOW DOES THE SCHOOL PLAN TO MEET THE NEEDS OF THE STUDENT AT SCHOOL AND ON EXCURSIONS**

* Staff are trained annually in first aid, CPR, and Epilepsy management.
* Staff are debriefed on all changes to health care plans as they arise.
* Emergency Response Plans are displayed in classrooms for casual staff.
* Health Care Plans are taken on all excursions/community access in a dedicated first aid bag.
* Health Care Plans are provided to special transport.
* Students are medicated at school per the doctor’s schedule above.
* Medication administration rosters are built into the daily timetable to back up staff who are absent so as only permanent staff medicate.
* All attempts to minimise triggers are made in the school setting.
* Contact the family or doctor if unsure.
* First aid officer on site.
* School has whole school emergency response plans in every room for epilepsy, asthma and anaphylaxis.
* RMP are done for every student and for every excursion which highlights their individual medical requirements.
* A responsibilities checklist can be found on the front cover of the HCP to ensure no step is overlooked and all staff are made aware of changes to plans/medications.

|  |
| --- |
| PRINCIPAL SIGNATURE: |
| DATE: |

**NOTES**

* Health care plans will 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.
* 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 judgement of the medical personnel whether to act on the information.
* Information in this individual health and emergency care plan remains specific to meet the needs of the individual student names 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 confidentially and privacy to ensure information about the student is treated appropriately.
* The school and the DEC 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 care workers including ambulance officers and nurses, government department or other school for this primary purpose or for related purposes and as required by law. It will be stored securely by the school.