Individual Health Care Plan and Emergency Response Plan

Our school records indicate that ________________________________
Health Care Plan and Emergency Care Plan has expired.

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.

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

Parent
☐ Read and sign attached plan.
☐ Update emergency contacts
☐ Return the attached plan to the Principal
Individual Health Care Plan
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 (OOO)

EMERGENCY CONTACT NUMBERS
Parent / Carer:

Other:
SPECIAL MEDICAL NOTES
(e.g. relating to religion, culture or legal issues ie blood transfusions)

PLEASE LIST THE NAME OF ALL CURRENT PRESCRIBED MEDICATIONS
(these that are administered both at home and school)

PHYSICAL ACTIVITY
(does the student’s medical needs preclude him/her from any physical activity eg. 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

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage at School</th>
<th>Time at School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 the staff at Minerva School to contact the above prescribing doctor in the case of clarifying information or in an emergency.
- I will notify the school of 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 Minerva School regarding the administration of the above medication as per the schedule.

<table>
<thead>
<tr>
<th>Parent / Carer Signature</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

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 & Anaphylaxis Management.
- Staff are debriefed on all changes to health care plans as they arise.
- Emergency Response Plans are displayed in the 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.
- Student’s 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 is unsure.
- First aid officer on site.
- School has whole school emergency response plans in every room for epilepsy, asthma and anaphylaxis.
- Risk Management Plans are done for every student and for every excursion which highlights their individual medical requirements.

<table>
<thead>
<tr>
<th>Principal Signature</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

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 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 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 purposes or for related purposes and as required by law. It will be stored securely by the school.