

KEELONITH PRIMARY SCHOOL
STUDENT HEALTH SUPPORT PLAN

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan – see

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and student.

School:		Phone:		
Student's name:		Date of birth:		
Year level:		Proposed date for review of this Plan:		
Parent/carer contact information (1)	Parent/carer contact information (2)	Other emergency contacts (if parent/carer not available)		
Name:	Name:	Name:		
Relationship:	Relationship:	Relationship:		
Home phone:	Home phone:	Home phone:		
Work phone:	Work phone:	Work phone:		
Mobile:	Mobile:	Mobile:		
Address:	Address:	Address:		
Medical /Health practitioner contact:				
<p>Ideally, this plan should be developed based on health advice received via the appropriate Departmental Medical Advice form or in case of asthma, the Asthma Foundation's <i>School Asthma Action Plan</i>. Please tick the appropriate form which has been completed and attach to this Plan. All forms are available from the Health Support Planning Forms – School Policy and Advisory Guide</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> General Medical Advice Form - for a student with a health condition <input type="checkbox"/> School Asthma Action Plan <input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis <input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury <input type="checkbox"/> Condition Specific Medical Advice Form – Cancer <input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for continence </td> </tr> </table>			<input type="checkbox"/> General Medical Advice Form - for a student with a health condition <input type="checkbox"/> School Asthma Action Plan <input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis <input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury <input type="checkbox"/> Condition Specific Medical Advice Form – Cancer <input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes	<input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for continence
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List who will receive copies of this *Student Health Support Plan*:

1. Student's Family 2. Other: _____ 3.
Other: _____

The following *Student Health Support Plan* has been developed with my knowledge and input

Name of parent/carer or adult/mature minor** student: _____ Signature: _____ Date: _____

**Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: [Decision Making Responsibility for Students - School Policy and Advisory Guide](#))

Name of principal (or nominee): : _____ Signature: _____ Date: _____

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

How the school will support the student's health care needs

Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
Routine Supervision for health-related safety	Does the student require medication to be administered and/or stored at the School?	<p><i>Ensure that the parent/carer is aware of the School's policy on medication management.</i></p> <p><i>Ensure that written advice is received, ideally from the student's medical/health practitioner for appropriate storage and administration of the medication – via the Department's Medication Authority Form.</i></p> <p><i>Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication.</i></p>	
	Are there any facilities issues that need to be addressed?	<p><i>Ensure the schools first aid room/sick bay and its contents provide the minimum requirements and discuss and agree if other requirements are needed in this room to meet the student's health care needs.</i></p> <p><i>Ensure the school provides sufficient facilities to assist a student who requires a wheelchair or other technical support. Discuss this with the parent/carer/student.</i></p>	
	Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?	<p><i>Detail who the worker is, the contact staff member and how, when and where they will provide support.</i></p> <p><i>Ensure that the school provides a facility which enables the provision of the health service.</i></p>	
	Who is responsible for management of health records at the school?	<p><i>Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.</i></p>	
	Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student?	<p><i>For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student attending part-time or episodically.</i></p>	
Other considerations	Are there other considerations relevant for this health support plan?	<p><i>For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.</i></p> <p><i>For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.</i></p> <p><i>For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?</i></p> <p><i>For example, is there a need for planned support for siblings/peers?</i></p>	