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 medical health, personal care, neurodevelopmental and mental health need and/or dietary preferences/restrictions.** If your child does not have any current or known health conditions, please sign and date on the last page.

For any students with an identified health need/identified personal care need (excluding Dietary Preferences, Sensory Issues and Anaphylaxis, Allergy and Asthma), ***Medical Advice*** **completed and signed by a medical/health practitioner must be attached to this form.** This must include details of your child's condition/diagnosis, support, treatment and first aid requirements as necessary.

If the student takes medication during school hours for their condition, the *Medication Authority Form* must be completed by a Medical/Health Practitioner or parent/carer and attached to this plan. This excludes students with *Anaphylaxis, Allergy and Asthma Action Plans*, provided their plans clearly state any required medications and their dosages. All medications to be taken during school hours/excursions/camps must be brought to school in its original package, with the pharmacy label attached.

This plan is to be completed by parents/guardians/carers and guided by medical advice. This plan may be subject to annual review depending on your child's condition. This plan must be updated at any time the student's health condition(s) change.

Supplementary forms including the *Medication Authority Form* and *Allergy, Anaphylaxis and Asthma Action Plans* are available on the school website under 'Notices and Forms' and at the front office.

Please complete this form, attach all required supplementary forms and return it to the front office.

Should you require any assistance in completing this form, please do not hesitate to contact the school.

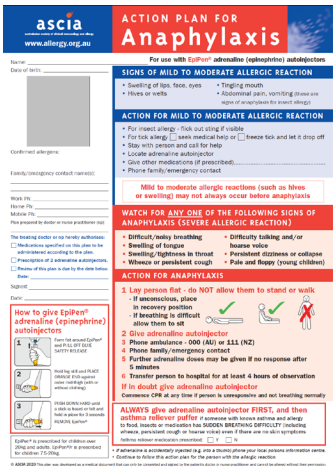
Anna Diacos EEN
First Aid Officer
Kalinda Primary School
anna.diacos@education.vic.gov.au
(03) 9876 3289

Student's Name:	
Date of birth:	**Year Level:**

Please tick each box corresponding to your child's identified health need/s and provide further information as required.

☐ Anaphylaxis

☐ **Current full colour *ASCIA Anaphylaxis Action Plan* attached to this plan**



A current *ASCIA Anaphylaxis Action Plan* provided by the parent/guardian/carer must be signed by the medical practitioner and include the student's photograph. All medications listed on the Action Plan must include dosages. If desired, permission for the student to carry and/or self-administer medication must be written on this plan.

It is the responsibility of the parent/carer to provide a current *ASCIA Anaphylaxis Action Plan*, inform the school if the student's medical condition changes and to provide an up to date photograph of the student when the plan is reviewed annually. These are subject to annual review or more often if the student's medical condition changes or immediately after the student has an anaphylactic reaction at school.

What are the confirmed allergens for the student?

☐ Peanuts
☐ Tree Nuts – specify:_____
☐ Cow's Milk
☐ Wheat
☐ Insect Stings & Bites – specify:_____
☐ Eggs
☐ Shellfish
☐ Sesame
☐ Soy
☐ Latex
☐ Medication – specify:_____
☐ Other:_____

Can the student be exposed to by-products of the allergen?

☐ Yes ☐ No

Can the student be exposed to traces of the allergen?

☐ Yes ☐ No

What are the signs/symptoms of a mild/moderate allergic reaction for the student?

☐ Swelling of the lips, face and eyes
☐ Hives or welts
☐ Tingly mouth
☐ Abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)
☐ Other:_____

What are the signs/symptoms of anaphylaxis (severe allergic reaction) for the student?

- ☐ Difficult/noisy breathing
- ☐ Swelling of tongue
- ☐ Swelling/tightness in throat
- ☐ Wheeze
- ☐ Persistent cough
- ☐ Difficulty talking
- ☐ Hoarse voice
- ☐ Persistent dizziness
- ☐ Collapse
- ☐ Pale and floppy
- ☐ Other:_____

If the student displays any of these symptoms please:

- ☐ Inform Doctor
- ☐ Inform Emergency Contact
- ☐ Administer Medication
- ☐ Other Medical Action – specify:_____

Has the student ever had a delayed reaction?

☐ Yes ☐ No

Can the student recognise when they are having anaphylaxis/mild to moderate allergic reaction?

☐ Yes ☐ No

What are some **individual** strategies to minimise the risk of exposure to the allergen while the student is under the supervision of school staff in the following in-school and off-campus settings?

During classroom activities, including elective classes	
Risk identified	Actions required to minimise the risk
In canteens or during lunch or snack times	
Risk identified	Actions required to minimise the risk
Before and after school, in the school yard and during breaks	
Risk identified	Actions required to minimise the risk
For special events, such as sports days, class parties and extracurricular activities	
Risk identified	Actions required to minimise the risk
For excursions and camps	
Risk identified	Actions required to minimise the risk

Who is the person/s responsible for implementing the strategies?

☐ First Aid Officer
☐ Student
☐ Classroom Teacher
☐ Parent/Guardian/Carer
☐ Other:_____

Where is the EpiPen/prescribed medication for the student stored?

☐ Sickbay
☐ Student (Written permission on from Medical/Health Practitioner required for student to carry medication. This can be stated on the Action Plan.)

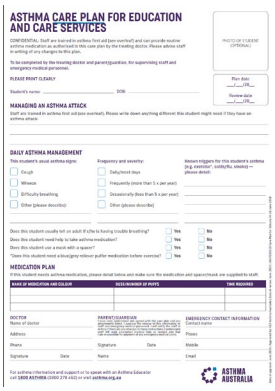
Parents/guardians/carers are responsible for providing an adequate supply of the appropriate medication at school for the use of the student at school or to use if they are going away over-night. **If the student carries their own medication, parents are responsible for regularly checking the expiry date of that medication and ensuring that all medication given to students is within date.**

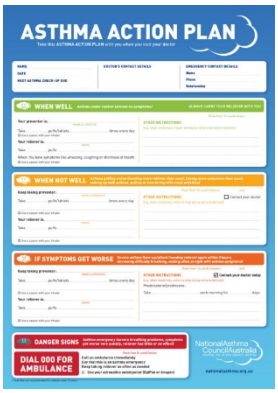
☐ Asthma

☐ **Current full colour *Asthma Australia* <u>or</u> *National Asthma Council Australia Asthma Action Plan* attached to this plan**

A current *Asthma Action Plan* provided by the parent/guardian/carer must be signed by the medical practitioner. All medications listed on the Action Plan must include dosages. If desired, permission for the student to carry and/or self-administer medication must be written on this plan.

It is the responsibility of the parent/carer to provide a current *Asthma Action Plan* and inform the school if the student's medical condition changes. These are subject to annual review or more often if the student's medical condition changes or immediately after the student has a severe asthma attack at school.





What are the signs/symptoms of an asthma attack/flare-up for this student?	**If the student displays any of these symptoms please:**
☐ Cough ☐ Difficulty breathing ☐ Wheeze ☐ Exhibits symptoms after exertion ☐ Tight chest ☐ Other:_____	☐ Inform Doctor ☐ Inform Emergency Contact ☐ Administer Medication ☐ Other Medical Action – specify:_____ _____

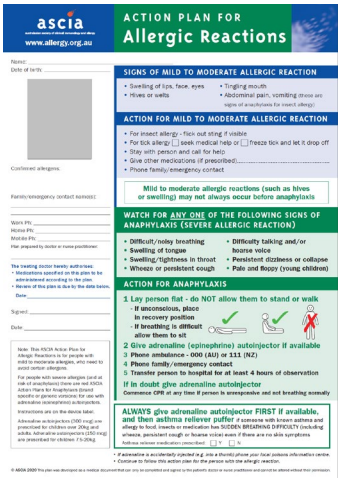
Where is the Ventolin (Salbutamol) reliever stored?

☐ Sickbay
☐ Student (Written permission on from Medical/Health Practitioner required for student to carry medication. This can be stated on the Action Plan.)

Parents/guardians/carers are responsible for providing an adequate supply of the appropriate medication at school for the use of the student at school or to use if they are going away over-night. **If the student carries their own medication, parents are responsible for regularly checking the expiry date of that medication and ensuring that all medication given to students is within date.**

☐ Allergy

☐ **Current full colour *ASCIA Allergy Action Plan* attached to this plan**



A current *ASCIA Allergy Action Plan* provided by the parent/guardian/carer must be signed by the medical practitioner and include the student's photograph. All medications listed on the Action Plan must include dosages. If desired, permission for the student to carry and/or self-administer medication must be written on this plan.

It is the responsibility of the parent/carer to provide a current *ASCIA Allergy Action Plan*, inform the school if the student's medical condition changes and to provide an up to date photograph of the student when the plan is reviewed annually. These are subject to annual review or more often if the student's medical condition changes or immediately after the student has a severe allergic reaction at school.

What are the confirmed allergens for the student?

☐ Peanuts
☐ Tree Nuts – specify:_____
☐ Cow's Milk
☐ Wheat
☐ Insect Stings & Bites – specify:_____
☐ Eggs
☐ Shellfish
☐ Sesame
☐ Soy
☐ Latex
☐ Medication – specify:_____
☐ Other:_____

Can the student be exposed to by-products of the allergen?

☐ Yes ☐ No

Can the student be exposed to traces of the allergen?

☐ Yes ☐ No

What are the signs/symptoms of a mild/moderate allergic reaction for the student?

☐ Swelling of the lips, face and eyes
☐ Hives or welts
☐ Tingly mouth
☐ Abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)
☐ Other:_____

If the student displays any of these symptoms please:

☐ Inform Doctor
☐ Inform Emergency Contact
☐ Administer Medication
☐ Other Medical Action – specify:_____

Has the student ever had a delayed reaction?

☐ Yes ☐ No

Can the student recognise when they are having an allergic reaction?

☐ Yes ☐ No

What are some **individual** strategies to minimise the risk of exposure to the allergen while the student is under the supervision of school staff in the following in-school and off-campus settings?

During classroom activities, including elective classes	
Risk identified	Actions required to minimise the risk
In canteens or during lunch or snack times	
Risk identified	Actions required to minimise the risk
Before and after school, in the school yard and during breaks	
Risk identified	Actions required to minimise the risk
For special events, such as sports days, class parties and extracurricular activities	
Risk identified	Actions required to minimise the risk
For excursions and camps	
Risk identified	Actions required to minimise the risk

Who is the person/s responsible for implementing the strategies?

☐ First Aid Officer
☐ Student
☐ Classroom Teacher
☐ Parent/Guardian/Carer
☐ Other:_____

Where is the prescribed medication for the student stored?

☐ Sickbay
☐ Student (Written permission on from Medical/Health Practitioner required for student to carry medication. This can be stated on the Action Plan.)

Parents/guardians/carers are responsible for providing an adequate supply of the appropriate medication at school for the use of the student at school or to use if they are going away over-night. **If the student carries their own medication, parents are responsible for regularly checking the expiry date of that medication and ensuring that all medication given to students is within date.**

☐ Dietary Preferences

This includes but is not limited to religious/cultural preferences and will be included on the *Do Not Feed Me* list.

☐ **Vegan**	☐ **Vegetarian**	☐ **Halal**	☐ **Kosher**
Other – specify: _____			

☐ Dietary Restrictions

This includes all dietary restrictions for medically diagnosed reasons only and will be included on the *Do Not Feed Me* list. Written advice regarding diagnosis, support and treatment from the student's medical/health practitioner is required.

☐ **Food Allergy/Anaphylaxis: complete Allergy/Anaphylaxis section as appropriate**

☐ Coeliac Disease
☐ Food Intolerance/s – specify:_____
☐ Other – specify:_____

If the student is exposed to their dietary restriction, please:

☐ Inform Doctor
☐ Inform Emergency Contact
☐ Administer Medication
☐ Other Medical Action – specify:_____

☐ Written *Medical Advice* attached (signed by Medical/Health Practitioner)

☐ *Medication Authority Form* attached (if required)

Information as to where prescribed medication is stored (if required):

☐ Sickbay
☐ Student (Written permission from Medical/Health Practitioner required for student to carry medication)

Parents/guardians/carers are responsible for providing an adequate supply of the appropriate medication at school for the use of the student at school or to use if they are going away over-night. **If the student carries their own medication, parents are responsible for regularly checking the expiry date of that medication and ensuring that all medication given to students is within date.**

☐ Identified Sensory Issues

This includes but is not limited to students with hearing and vision impairments.

☐ Hearing
☐ Vision
☐ Other – specify:_____

Does the student require any hearing or vision aids?

☐ Hearing Aids - Specify:_____
☐ Glasses
☐ Contact lenses
☐ Other – specify:_____

☐ Identified Medical Health Needs

This includes all medically diagnosed conditions only. Written advice regarding diagnosis, support and treatment from the student's medical/health practitioner is required.

☐ Diabetes ☐ Epilepsy ☐ Hay fever (Allergic Rhinitis) ☐ Cardiac Condition – specify:_____	☐ Acquired Brain Injury ☐ Cancer – specify:_____ ☐ Cystic Fibrosis ☐ Other – specify:_____

Is the student immunocompromised?

☐ Yes ☐ No

If yes, please specify which condition this is related to:_____

If the student displays any adverse symptoms please:

☐ Inform Doctor
☐ Inform Emergency Contact
☐ Administer Medication
☐ Other Medical Action – specify:_____

☐ *Medical Advice* attached (Signed by Medical/Health Practitioner)

☐ *Medication Authority Form* attached (if required)

Information as to where prescribed medication is stored (if required):

☐ Sickbay
☐ Student (Written permission from Medical/Health Practitioner required for student to carry medication)

Parents/carers are responsible for providing an adequate supply of the appropriate medication at school for the use of the student at school or to use if they are going away over-night. **If the student carries their own medication, parents are responsible for regularly checking the expiry date of that medication and ensuring that all medication given to students is within date.**

☐ Identified Neurodevelopmental Concerns

This is for students with any identified neurodevelopmental concerns requiring support provided by the school. Written advice regarding diagnosis, support and treatment from the student's medical/health practitioner is required.

☐ Intellectual Disability (ID) ☐ Autism Spectrum Disorder (ASD) ☐ Attention Deficit Disorder (ADD) ☐ Attention Deficit Hyperactivity Disorder (ADHD) ☐ Global Developmental Delay ☐ Delayed Speech	☐ Delayed Language ☐ Behaviour Disorder ☐ Physical Disability – specify:_____ ☐ Gross Motor Delays ☐ Fine Motor Delays ☐ Other – specify: _____

Professionals Involved:

☐ Continence Specialist ☐ Speech Pathologist ☐ Physiotherapist ☐ Occupational Therapist ☐ Psychologist ☐ Psychiatrist	☐ Ophthalmologist ☐ Paediatrician ☐ Audiologist ☐ NDIS ☐ Other – specify:_____

If the student displays any concerns, please:

☐ Inform Doctor
☐ Inform Emergency Contact
☐ Administer Medication
☐ Other Medical Action – specify:_____

☐ *Medical Advice* attached (Signed by Medical/Health Practitioner)

☐ *Medication Authority Form* attached (if required)

Information as to where prescribed medication is stored (if required):

☐ Sickbay
☐ Student (Written permission from Medical/Health Practitioner required for student to carry medication)

Parents/carers are responsible for providing an adequate supply of the appropriate medication at school for the use of the student at school or to use if they are going away over-night. **If the student carries their own medication, parents are responsible for regularly checking the expiry date of that medication and ensuring that all medication given to students is within date.**

☐ Identified Mental Health Concerns

This is for students with any identified mental health concerns requiring support provided by the school. Written advice regarding diagnosis, support and treatment from the student's medical/health practitioner is required.

☐ Generalised Anxiety Disorder (GAD)
☐ Obsessive Compulsive Disorder (OCD)
☐ Clinical Depression
☐ Other – specify: _____

Professionals Involved:

☐ Continence Specialist
☐ Speech Pathologist
☐ Physiotherapist
☐ Occupational Therapist
☐ Psychologist
☐ Psychiatrist
☐ Ophthalmologist
☐ Paediatrician
☐ Audiologist
☐ NDIS
☐ Other – specify:_____

If the student displays any concerns, please:

☐ Inform Doctor
☐ Inform Emergency Contact
☐ Administer Medication
☐ Other Medical Action – specify:_____

☐ *Medical Advice* attached (Signed by Medical/Health Practitioner)

☐ *Medication Authority Form* attached (if required)

Information as to where prescribed medication is stored (if required):

☐ Sickbay
☐ Student (Written permission from Medical/Health Practitioner required for student to carry medication)

Parents/carers are responsible for providing an adequate supply of the appropriate medication at school for the use of the student at school or to use if they are going away over-night. **If the student carries their own medication, parents are responsible for regularly checking the expiry date of that medication and ensuring that all medication given to students is within date.**

☐ Identified Personal Care Needs

This is for students with any identified personal care needs requiring support provided by the school. Written advice regarding diagnosis, support and treatment from the student's medical/health practitioner is required.

☐ Continence support
☐ Oral eating and drinking support
☐ Transfers and positioning support
☐ Other – specify: _____

Professionals Involved:

☐ Continence Specialist
☐ Speech Pathologist
☐ Physiotherapist
☐ Occupational Therapist
☐ Psychologist
☐ Psychiatrist
☐ Ophthalmologist
☐ Paediatrician
☐ Audiologist
☐ NDIS
☐ Other – specify:_____

☐ *Medical Advice* attached (Signed by Medical/Health Practitioner)

☐ At Home Medications

This includes all medication taken at home on a regular or as required basis. This does not include short term medications, such as antibiotics.

Is the student on any medications at home? <u>This excludes all medication authorised to be given at school.</u>

☐ Yes ☐ No

If yes, please specify the medication(s), dosage(s), time(s) of administration and which condition it is related to:

Medication: _____

Dosage(s): _____

Time(s) of administration: _____

Related condition: _____

Medication: _____

Dosage(s): _____

Time(s) of administration: _____

Related condition: _____

☐ Additional Information (Optional)

If desired, any additional information regarding the student's health and support required can be provided below.

This *Student Health Support Plan* has been developed with my knowledge and input. I understand that this plan may be reviewed on an annual basis or when the student's identified health need/s change, and it is my responsibility to provide current health information regarding the student to the school.

Student's Name: _____ Date of birth: _____Year Level:_____

Name of parent/carer _____Signature: _____ Date: _____

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

Privacy Statement
The school collects personal information so 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.

If this student *does not* have any current or known health conditions, please sign and date below.

I consent for any/all health information regarding the student currently held by the school to be archived. I understand that by doing this, relevant school staff and appropriate personnel will no longer access health documentation to support the student's health while at school or in an emergency. I understand that without the provision of health information the quality of health support provided by the school may be affected. I understand that if the student's health information changes in the future, I am to complete a *Student Health Support Plan* and any required documentation and provide this information to the school.

Student's Name: _____ Date of birth: _____Year Level:_____

Name of parent/carer _____Signature: _____ Date: _____

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