

Individual Health Support Plan Cover Sheet

This template forms the cover sheet for an individual health support plan. Additional information and attachments will be relevant in meeting the student's specific health needs.

Insert photo of student

The individual health support plan must address the student's needs in the school's context and the activities they will be involved in. Planning must consider the student's full range of learning and support needs.

The individual health support plan is developed in consultation with the parent, staff and student, where practicable, and based on information from the student's doctor, provided by the parent.

For more information see [Individual health support planning](#) and for students with anaphylaxis see the [Anaphylaxis Procedures for Schools](#).

The plan will be reviewed on: ____/____/____

NOTE: Individual health support 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 individual health support plan at other times.

School		Phone	
Principal 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 support 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/carer 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

NB: 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, cultural or legal issues, e.g. blood transfusions.)

NB: 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 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 support 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 support 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.

Phone

2.

Phone

3.

Phone

4.

Phone

5.

Phone

Health care personnel involved in managing the student's health at school:

(e.g. Community Nurse, Therapist)

1.

Phone

2.

Phone

3.

Phone

4.

Phone

Signature of Parent/Carer:

Date

Signature of Principal:

Date

NOTES: Information in the individual health support and emergency care plans remains specific to meet the needs of the individual student named and should not be applied to any other student with similar health and emergency care needs. All individual health support 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 collected to ensure 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.