



Individual Health Care Plan

Please complete and sign then return to the office

Student Name:	
Class:	
ERN: (office use)	
Medicare Number:	
Date of Birth:	
Health Condition(s) Including Allergies	
Medications at School:	
Parent/Carer Contact: Mother:	Surname:
	First Name:
	Address:
	Home Phone:
	Work Phone:
	Mobile Phone:
Parent/Carer Contact: Father:	Surname:
	First Name:
	Address:
	Home Phone:
	Work Phone:
	Mobile Phone:
Emergency Contact (1)	Surname:
	First Name:
	Address:
	Home Phone:
	Work Phone:
	Mobile Phone:

Emergency Contact (2)	Surname:
	First Name:
	Address:
	Home Phone:
	Work Phone:
	Mobile Phone:
<p>Emergency Care Issues:</p> <p><i>Note: An emergency care/response plan is required if the student is identified at risk of an emergency reaction.</i></p>	
<p>Any special medical notes relating to religion, culture or legal issues, eg, blood transfusions.</p> <p><i>Note: If the student is transferred to the care of medical personnel, eg, 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.</i></p>	
<p>Please tick which of the following documents are attached as part of the individual health care plan:</p> <ul style="list-style-type: none"> <input type="checkbox"/> An emergency care/response plan <input type="checkbox"/> A statement of the agreed responsibilities of different people involved in the student's support <input type="checkbox"/> A schedule for the administration of prescribed medication <input type="checkbox"/> A schedule for the administration of health care procedures <input type="checkbox"/> An authorisation to contact the medical practitioner <input type="checkbox"/> Other documents – please specify 	
<p>This individual health care 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/caregiver. Information has been provided by:</p> <p> <input type="checkbox"/> Student <input type="checkbox"/> Parent/Carer <input type="checkbox"/> GP <input type="checkbox"/> Medical Specialist </p>	

The plan will be reviewed on:

NOTE: Health care 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 health care plan at other times.

Signature of Parent/Carer: Date:

Signature of Principal: Date:

NOTES:

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 Department 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 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.