



(131p) Health Support Plan

Purpose

A Health Support Plan is a document that the school develops in partnership with the student, their parents/carers as well as health professionals to assist in planning appropriate medical and health care support for the student.

This plan should be based on specialist advice from a health professional that is detailed in a Health Care Plan.

Planning must address the needs of the student in the context of the school and the activities the student will be involved in. The student's full range of health and personal care needs must also be taken into account.

Information in this Health Support Plan remains specific to meet the needs of the individual student and should not be applied to the care of any other student with similar medical and health care needs. All Health Support Plans must take into account issues of confidentiality and privacy to ensure information about the student is treated appropriately.

Student Information

Name: _____

Date of Birth: _____ Approx weight: _____

Teacher: _____ Class: _____

Medicare Number: _____

Private Health Care Number *(if applicable)* _____

Health Information

Health Conditions: _____

Confirmed Allergies: _____

Medications at School: _____

Medications at Home: _____

Contacts

Parents / Carer

Parent / Carer 1

Parent / Carer 2

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Emergency and Medical

Other Contact

(if parent / carer unavailable)

Health Professional

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Health Needs

Describe the student's health care needs.

Consider:

- instructions from the student's health professional detailed in a Health Care Plan
 - health service provider details
 - training for appropriate staff
 - additional supervision
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Administration of Medication and First Aid

Are there any individual first aid requirements? *(please circle correct answer)* Yes No

Is medication required to be administered? *(please circle correct answer)* Yes No

If so, consider:

- instructions from the student's health professional detailed in a Health Care Plan
- schedule provided by student's treating health professional, for the administration of prescribed medication outlining frequency, dosage and times of the day medication is to be administered
- training for appropriate staff
- additional supervision

Details:

Personal Care

Is support required with personal care needs (e.g. personal hygiene, manual handling)? Yes No

If so, consider:

- instructions from the student's health professional detailed in a Health Care Plan
 - hygiene (e.g. disposal systems, change facility cleaning arrangements)
 - storage (e.g. daily and spare aids)
 - equipment (e.g. cupboard, hoist)
 - facilities (e.g. access to appropriate room)
 - schedule for the administration of health care procedures, as provided by the student's treating health professional, such as personal hygiene, continence care, oral eating and drinking and manual handling
 - training for appropriate staff
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Documents Attached

Please tick which of the following documents are attached as part of the Health Support Plan:

- Action Plan: such as Asthma, Epilepsy, Diabetes and/or Anaphylaxis
- Risk Assessment
- Individual Plan: The Individual Plan may outline the necessary educational adjustments that support the medical and health care needs of the student in consideration of their health care needs.
- Schedule provided by the student’s treating health professional, for the administration of prescribed medication outlining frequency, dosage and times of the day medication is to be administered.
- Schedule for the administration of health care procedures, as provided by the student’s treating health professional, such as personal hygiene, continence care, oral eating and drinking and manual handling.
- Other documents: please specify.

Consultation

This Health Support Plan has been developed as part of the collaborative planning process in consultation with those indicated below.

Information has been provided by:

- Student
- Parent/Carer
- Health Professional

Health Professionals involved in managing the student’s health:

- 1. _____ Phone: _____
- 2. _____ Phone: _____
- 3. _____ Phone: _____

To be filled in by School Staff in consultation with Parent/Carer

Date of Consultation: _____

School Staff involved in Health Support Plan development:

- 1. _____ Phone: _____
- 2. _____ Phone: _____
- 3. _____ Phone: _____

Plan for Review

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, or their delegated executive staff, can also instigate a review of the Health Support Plan at other times.

Signature of Parent/Carer: _____ Date: _____

Student Name: _____ Date: _____

The student’s Health Support Plan will be reviewed on:

(date)

