9.11.2023

Dear Parent / Guardian,

Your child’s health and safety is important to us.

**This form should be completed if your child has a health condition** that requires support at school or when involved in off campus activities, for example a school excursion or overnight camp. Conditions that require support include Anaphylaxis, Asthma, Diabetes, Epilepsy, ADHD and Mental Health e.g. Anxiety and Depression.

Please complete the attached ***Health Care and Emergency Care Plan*** and provide a copy of any documentation such as an action plan provided by a medical practitioner.

If your child has Anaphylaxis or Asthma, an EpiPen, antihistamine and inhaler will need to be provided to the College to be stored in your child’s medical bag.

Parents/ guardians of students who have Diabetes, Epilepsy, ADHD or **any** condition that requires medication to be taken during the school day will need to make an appointment to meet with me to discuss what support your child requires.

Kind Regards

Fiona Maher
Health Administration - First Aid Officer | Ryde Secondary College
9809 4894 | Fiona.maher4@det.nsw.edu.au | rydesc-h.school@det.nsw.edu.au



# Individual Health Care Plan Cover Sheet

|  |  |
| --- | --- |
| This template forms the cover sheet for an individual health care plan. Additional information and attachments will be relevant to meet the specific health care needs of the student. The individual health care plan must address the needs of the student in the context of the school and the activities the student will be involved in. Planning must take into account the student’s full range of learning and support needs.The individual health care plan is developed in consultation with the parent, staff and student, where practicable, and on the basis of information from the student’s doctor, provided by the parent.  |  *Insert photo of student* |

For more information see <http://www.schools.nsw.edu.au/studentsupport/studenthealth/index.php> and for students with anaphylaxis see the Anaphylaxis Procedures for Schools.

**The plan will be reviewed on**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

*NOTE: Individual health care plans should be reviewed 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.*

|  |  |  |  |
| --- | --- | --- | --- |
| **School** | Ryde Secondary College | **Phone** | 9809 4894 |
| **Principal Network** | Northern Sydney |
| **Student name** |  | **Class** |  |
| **Date of birth** |  | **Medicare number** |  |
| **ERN/Student number** (Office use)  |  |
| **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 the conditions at school and adjustments required.** |  |
| **Regular medication/s**  |  |
| **Medication supply, storage and replacement. For anaphylaxis this will include the adrenaline autoinjector**  |  |
| **Other support at school** | Mrs Fiona Maher (First Aid Officer) |
| **Parent/ Carer contacts** | **Parent/ Carer information (1)** |
| Name |  |
| Relationship to child |  |
| Address |  |
| Home phone |  |
| Work phone |  |
| Mobile phone |  |
| **Parent/Carer information (2)** |
| Name |  |
| Relationship to child |  |
| Address |  |
| Home phone |  |
| Work phone |  |
| Mobile phone: |  |
| **Emergency contact** **(if parent/ carer unavailable)** | Name |  |
| Relationship to child |  |
| Home phone |  |
| Work phone |  |
| Mobile phone |  |
| **Medical practitioner / doctor contact:** | Name |  |
| Medical Practice |  |
| Address |  |
| Phone |  |
| Email (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*](http://www.allergy.org.au/health-professionals/anaphylaxis-resources/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)** |
|  |
|  |
|  |
| 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 care 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.*  |

**Emergency Care Response Plan**

**Emergency alert**

 Photo

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class or Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have an emergency plan from the GP for Anaphylaxis, Asthma, Diabetes, Epilepsy or mental health?

Yes / No (Pls circle) If yes, please provide a copy to the school.

Prescribed medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Symptoms/ signs to watch for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actions to be followed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Anaphylaxis, has your child been hospitalized with a severe allergic reaction?

Yes / No (Pls circle) If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever been hospitalised? If so, when and for what reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a medical specialist for their condition? If yes, name and contact details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Consultation**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/carer. Information has been provided by: |
| [ ]  Student  | [ ]  Parent/Carer | [ ]  GP | [ ]  Medical specialist |
| **Department staff involved in plan development** |
| 1. Fiona Maher (First Aid Officer)
 | Phone: 9809-4894 |
|  | Phone  |
|  | Phone  |
|  | Phone  |
| **Health care personnel involved in managing the student’s health at school:**  |
| 1. Fiona Maher (First Aid Officer)
 | Phone: 9809-4894  |
|  | Phone  |
|  | Phone  |
|  | Phone  |
| **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.* |