

12.11.2024

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



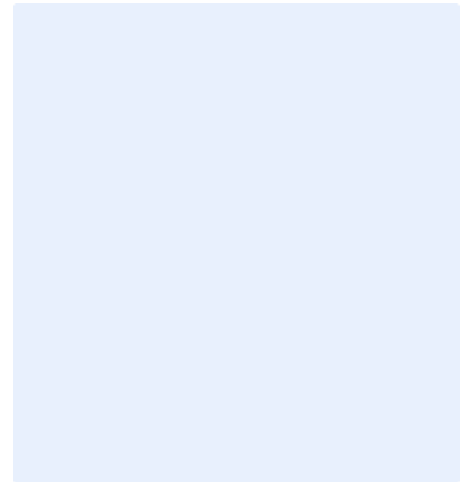
Individual Health Care Plan Cover Sheet

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	Ryde		
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](#) 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 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.*

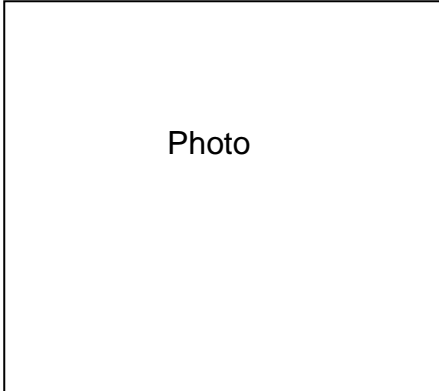
Emergency Care Response Plan

Emergency alert

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 see a medical specialist, other than their regular GP? 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:

<input type="checkbox"/> Student	<input type="checkbox"/> Parent/Carer	<input type="checkbox"/> GP	<input type="checkbox"/> Medical specialist
----------------------------------	---------------------------------------	-----------------------------	---

Department staff involved in plan development

1. Fiona Maher (First Aid Officer)	Phone: 9809-4894
2.	Phone
3.	Phone
4.	Phone

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

1. Fiona Maher (First Aid Officer)	Phone: 9809-4894
2.	Phone
3.	Phone
4.	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.

