



HIGH-RISK STUDENT HEALTH CARE MANAGEMENT PLAN

Name		Year	
Date of Birth		Home Room	

Section A – Health Care Planning – to be completed by the parent/guardian

Student's health condition:

Daily Management Planning (if required):

Section B - Emergency Response Plan (if required) – to be completed parent/guardian and or medical practitioner

Section C – Staff Training Requirements

Is specific training for staff required to manage your child's condition or needs? (You may like to discuss this with your medical practitioner).

A. For daily management? Yes No If yes, please describe:

B. In an emergency? Yes No If yes, please describe:





Section D – Medication Instructions (Note: Medication must be provided by parents/guardians)

	Medication 1		Medication 2		Medication 3	
Name of Medication						
Expiry date						
Dose/frequency (may be as per pharmacist's label)						
Duration (dates)	From: To:		From: To:		From: To:	
Route of administration						
Administration Tick appropriate box	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/>	Kept & managed by self <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Other <input type="checkbox"/>	Stored at school <input type="checkbox"/>
Side effects						

Section E – Authority to Act

This asthma management and emergency response plan authorizes College staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the College of a new change in my/our child's health care requirements.

Parent/Guardian Name:	Medical Practitioner (if required):	Review Date:
Signature:	Signature:	
Date:	Provider Number:	
	Date:	

When complete please return this form to the College Reception.





Staff Acceptance - Name: _____

Signature: _____

Date: _____

NOTE:

For **College staff** to administer medication they must be familiar with the medical needs of students for whom they have a duty of care.

The following points are for security and safety purposes.

- The parent/guardian notifies the school in writing to administer medication. This may include written guidelines from the prescribing health practitioner, including potential side effects or adverse reactions.
- Provide medication in **original pharmacy labelled container** to the College.
- Ensure any prescribed medication is not out of date and has an original pharmacy label which includes the student's name, dosage and time/s to be taken.
- Notify the College in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or a new prescription dispensed by pharmacy.
- The student has received a dose at home without ill effect.
- Advise the College in writing and collect the medication when it is no longer required at school.
- Where parents/guardians are working with a prescribing health practitioner to determine a dose for that day (e.g. insulin, Rivotril) parents/guardians will provide a letter from the prescribing health practitioner instructing that parents will be responsible for notifying the College of the adjusted dose.

OFFICE USE ONLY

Date received: / /	Date uploaded/entered: / / (SEQTA/MAZE)
Is specific staff training required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of training:
Training Service provider:	
Names of person/s to be trained:	
Date of training:	





Our Lady of
Mercy College

