



EMERALD SECONDARY COLLEGE

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STUDENT HEALTH SUPPORT PLAN

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need.

This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and student.

School:		Phone:
Student's name:		Date of birth:
Year level:		Proposed date for review of this plan:
Parent/carer contact information (1)	Parent/carer contact information (2)	Other emergency contacts (if parent/carer not available)
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Home phone:	Home phone:	Home phone:
Work phone:	Work phone:	Work phone:
Mobile:	Mobile:	Mobile:
Address:	Address:	Address:
Medical /Health practitioner contact:		
<input type="checkbox"/> General Medical Advice Form - for a student with a health condition <input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy <input type="checkbox"/> School Asthma Action Plan <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning <input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking <input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for toileting, hygiene and menstrual health management <input type="checkbox"/> Condition Specific Medical Advice Form – Cancer <input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes		
List who will receive copies of this Student Health Support Plan :		
1. Student's Family 2. Other: _____ 3. Other: _____		
The following Student Health Support Plan has been developed with my knowledge and input		
Name of parent/carer or adult/mature minor** student: _____ Signature: _____ Date: _____		
**Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. See: Decision Making Responsibilities for Students		
Name of principal (or nominee): _____ Signature: _____ Date: _____		
Privacy Statement		
The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.		

HOW THE SCHOOL WILL SUPPORT THE STUDENT'S HEALTH CARE NEEDS

Student's name:	
Date of birth:	Year level:
What is the health care need identified by the student's medical/health practitioner?	
Other known health conditions:	
When will the student commence attending school?	
Detail any actions and timelines to enable attendance and any interim provisions:	

Below are some questions that may need to be considered when detailing the support that will be provided for the student's health care needs. Highlight or write any needs you think are relevant and return form to the school.

Support	What support needs to be considered for your child? Parent To Complete.	Strategy – how will/could the school support the student's health care needs? Parent/Staff to complete.	Person responsible for ensuring the support. Staff to complete.
Overall Support	Is it necessary to provide any support for your child during the school day?		Teacher First Aid Officer Other.....
	How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?		Teacher First Aid Officer Other.....
	Who should provide the support? <i>Are additional or different staffing or training arrangements required?</i>		Teacher First Aid Officer Other.....
	How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?		Teacher First Aid Officer Other.....
First Aid	Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?		Teacher First Aid Officer Other.....
	Are there additional training modules that staff could undertake to further support the student, such as staff involved with excursions and specific educational programs or activities?		Teacher First Aid Officer Other.....

Support	What support needs to be considered for your child? Parent To Complete.	Strategy – how will/could the school support the student’s health care needs? Parent/Staff to complete.	Person responsible for ensuring the support. Staff to complete.
Complex medical needs	<p>Does the student have a complex medical care need?</p> <p>Is specific training required by relevant school staff to meet the student’s complex medical care need?</p>		<p>Teacher</p> <p>First Aid Officer</p> <p>Other.....</p>
Personal Care	<p>Does the medical/health information highlight a predictable need for additional support with daily living tasks?</p> <p>Would the use of a care and learning plan for toileting or hygiene be appropriate?</p>		<p>Teacher</p> <p>First Aid Officer</p> <p>Other.....</p>
Routine Supervision for health-related safety	<p>Does the student require medication to be administered and/or stored at the school?</p>		<p>Teacher</p> <p>First Aid Officer</p> <p>Other.....</p>
	<p>Are there any facilities issues that need to be addressed?</p>		<p>Teacher</p> <p>First Aid Officer</p> <p>Other.....</p>
	<p>Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?</p>		<p>Teacher</p> <p>First Aid Officer</p> <p>Other.....</p>
Other considerations	<p>Are there other considerations relevant for this health support plan?</p> <p><i>For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.</i></p> <p><i>For example, is there a need for planned support for siblings/peers?</i></p>		<p>Teacher</p> <p>First Aid Officer</p> <p>Other.....</p>