FORM 2 - GENERIC HEALTH CARE MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: DOB: Year: Form: Teacher:

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

Name of your child’s health condition or need:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Daily Management Planning (if required):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Section B – Emergency Response Plan (if required) – To be completed by parent/carer 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 with the principal or a 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

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Medication 1</th>
<th>Medication 2</th>
<th>Medication 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiry date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose/frequency – (may be as per the pharmacist’s label)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration (dates)</td>
<td>From:</td>
<td>From:</td>
<td>From:</td>
</tr>
<tr>
<td></td>
<td>To:</td>
<td>To:</td>
<td>To:</td>
</tr>
<tr>
<td>Route of administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>By self</td>
<td>By self</td>
<td>By self</td>
</tr>
<tr>
<td>Tick appropriate box</td>
<td>Requires assistance</td>
<td>Requires assistance</td>
<td>Requires assistance</td>
</tr>
<tr>
<td>Storage instructions</td>
<td>Stored at school</td>
<td>Stored at school</td>
<td>Stored at school</td>
</tr>
<tr>
<td>Tick appropriate box(es)</td>
<td>Kept and managed by self</td>
<td>Kept and managed by self</td>
<td>Kept and managed by self</td>
</tr>
<tr>
<td></td>
<td>Keep out of sunlight</td>
<td>Keep out of sunlight</td>
<td>Keep out of sunlight</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>
Section E – Authority to Act.

I/we authorise school staff to provide health care support for my/our child in accordance with the above plan and/or the attached plan from a medical practitioner. It is valid for one year or until I/we advise the school of a change in my/our child’s health care requirements.

Parent/Carer: ________________________________ Medical Practitioner: If required (At the principal’s discretion)

Date: ________________________________ Date: ________________________________

Review Date: ________________________________

OFFICE USE ONLY

Date received: / / Date uploaded on SIS: / /

Is specific staff training required? Yes ☐ No ☐ Type of training: ________________________________

Training service provider: ________________________________

Name of person/s to be trained: ________________________________

Date of training: ________________________________

When completed, please attach to the Student Health Care Summary form.