



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 (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan – see <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>)

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:														
<p>Ideally, this plan should be developed based on health advice received via the appropriate Departmental Medical Advice form or in case of asthma, the Asthma Foundation's <i>School Asthma Action Plan</i>. Please tick the appropriate form which has been completed and attach to this Plan. All forms are available from the Health Support Planning Forms – School Policy and Advisory Guide</p>														
<table border="0"> <tr> <td><input type="checkbox"/> General Medical Advice Form - for a student with a health condition</td> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy</td> </tr> <tr> <td><input type="checkbox"/> School Asthma Action Plan</td> <td><input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning</td> </tr> <tr> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis</td> <td><input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking</td> </tr> <tr> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury</td> <td><input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for continence</td> </tr> <tr> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Cancer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes</td> <td></td> </tr> </table>			<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 continence	<input type="checkbox"/> Condition Specific Medical Advice Form – Cancer		<input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes	
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List who will receive copies of this <i>Student Health Support Plan</i> :														
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 Responsibility for Students - School Policy and Advisory Guide](#))

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:

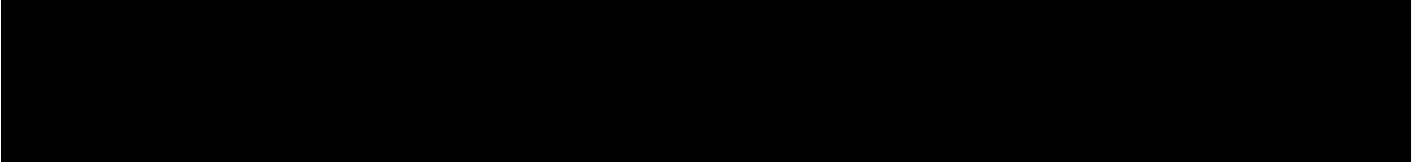
Date of birth:	Year level:
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What is the health care need identified by the student's medical/health practitioner?

Other known health conditions:

When will the student commence attending school?

Detail any actions and timelines to enable attendance and any interim provisions:



Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support

