



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/anaphylaxischl.aspx>)

Please complete this form and return to the College.

School: Mildura Senior College		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 style="width: 100%;"><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 – Diabetes</td></tr><tr><td><input type="checkbox"/> School Asthma Action Plan</td><td><input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy</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 transfers and positioning</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 oral eating and drinking</td></tr><tr><td><input type="checkbox"/> Condition Specific Medical Advice Form – Cancer</td><td><input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for continence</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 – Diabetes	<input type="checkbox"/> School Asthma Action Plan	<input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy	<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 transfers and positioning	<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 oral eating and drinking	<input type="checkbox"/> Condition Specific Medical Advice Form – Cancer	<input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for continence
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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 <i>Student Health Support Plan</i> 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.												

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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:			
Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
Overall Support	Is it necessary to provide the support during the school day?		
	How can the recommended support be provided in the simplest manner, with minimal interruption to the education.		
	Who should provide the support?		
	How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?		
First Aid	Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?		
	Does the school require relevant staff to undertake additional training modules not covered under basic first aid training, such as staff involved with excursions and specific educational programs or activities?		
Complex medical needs	Does the student have a complex medical care need?		
Personal Care	Does the medical/health information highlight a predictable need for additional support with daily living tasks?		

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Routine Supervision for health-related safety	Does the student require medication to be administered and/or stored at the School?		
	Are there any facilities issues that need to be addressed?		
	Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?		
	Who is responsible for management of health records at the school?		
	Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student?		
Other considerations	Are there other considerations relevant for this health support plan?		