**MUST BE RETURNED WITH ENROLMENT FORM**

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Description automatically generated**

**STUDENT HEALTH CARE SUMMARY**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_ /\_\_\_\_\_\_\_ Gender Male Female Not Specified

# Management and Emergency Response Plan

A Management and Emergency Response Plan provides your child’s school with information they need to respond to specific medical needs. The plan outlines:

* a daily management plan
* an emergency response plan
* staff training requirements
* medication instructions such as dosage, storage and when it needs to be taken
* your authority to act.

Management and Emergency Response Plans may need to have a signature from your child’s medical practitioner.

It is important to ensure the plan is in place as soon as possible. You should also review the plan each year or as your child’s needs change.

## Types of plans

Management and Emergency Response Plan templates are available from your school for common conditions such as:

* severe allergy or anaphylaxis
* mild and moderate allergies
* seizure
* asthma
* activities of daily living
* emergency response plan for students with special needs
* generic health care (for all other conditions).

Plans for students with diabetes are developed using the Diabetes WA templates.

## Medication and equipment

If your child needs to be given medication during school hours, you need to provide:

* medication that is labelled with your child’s name, in its original packaging and is within expiry
* written authorisation for the school to administer the medication using a standard form from the school.

This applies to medication for long-term and short-term use. If your child needs medical equipment at school, it is important to ensure you supply the equipment in good working order. It is important that you maintain communication with your child’s school, and advise of any changes or concerns you may have.

# MEDICAL DETAILS

# INFORMED CONSENT

**Your child’s health care information will be shared with staff on a need to know basis unless otherwise stated. Do you give permission for the school to share your child’s health care information?** YES NO

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

**If no, and the information is to be restricted, who can be informed of your child’s health care information?**

**Does your child have one or more health condition(s) that will require support from school staff?** (Check the box that applies)

**NO** - Sign below and return *Section A* of this form to the school office. If your child’s requirements change, please notify the school.

**YES** - Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# SECTION B



**IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD’S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF.**

(In response to the information below, you will be given further forms for specific health conditions to complete)

**Health conditions** (Check the box that applies) **Will school staff require specific training to support your child?**

Severe Allergy/Anaphylaxis YES NO

Minor and Moderate Allergies YES NO

Diabetes YES NO

Seizures YES NO

Asthma YES NO

Activities of Daily Living YES NO

**Other Conditions or Needs** (Please specify below) YES NO

**Has your child’s Medical Practitioner provided a health care plan to assist the school to manage the condition?**

YES NO - *If yes, advise the Principal:*

If you have ticked Yes for specific staff training, please discuss the type of training needed with the Principal.

# SECTION C - CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD’S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child’s medical details and photo on view to provide immediate identification.

**I give permission for my child’s medical details and photo to be on view for staff.** YES NO If yes, please attach photo to the relevant health care plan(s).

# SECTION D - MEDIC ALERT INFORMATION

**Does your child have a Medic Alert bracelet or pendant?** YES NO - *If yes, provide details below:*

**Parent/Carer Signature Date** / /

**Parent/Carer Name**

If you are completing this form online and are unable to sign this form please check this box to confirm the above

information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

**ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS.**

Note: Where appropriate students should be encouraged to participate in their health care planning.

OFFICE USE ONLY

**Does the child have an allergy that needs to be flagged on SIS?** YES NO **Date** / /

**Have relevant health care plans been issued to the parent?** YES NO **Date** / /

**Has the Principal been informed if:**

specific training is required to support the student? YES NO

the student’s health care information is to be restricted? YES NO

**Date** *Student Health Care Summary* was completed and uploaded on SIS: **Date** / /