FORM 1 - STUDENT HEALTH CARE SUMMARY

STUDENT DETAILS

SCHOOL: Kalbarri District High School
NAME: 
ADDRESS: 

FAMILY CONTACT DETAILS

NAME: 
ADDRESS: 
RELATIONSHIP TO STUDENT: 
TELEPHONE: (H) (W) (M)

MEDICAL DETAILS

DOCTOR 1: 
DOCTOR 2: 
TELEPHONE:

NAME: 
ADDRESS: 
RELATIONSHIP TO STUDENT: 
TELEPHONE: (H) (W) (M)

MEDICAL CENTRE:
MEDICARE NO:

HEALTH CARE CARD: YES ☐ NO ☐
PERMISSION TO ADMINISTER FIRST AID? YES ☐ NO ☐
PERMISSION IS GIVEN TO SEEK MEDICAL ATTENTION FOR MY CHILD AS REQUIRED FROM THE ABOVE MEDICAL CENTRE
YES ☐ NO ☐
DO YOU HAVE AMBULANCE COVER? YES ☐ NO ☐

IF THERE IS A MEDICAL EMERGENCY PARENTS/CARERS ARE EXPECTED TO MEET THE COST OF THE AMBULANCE.

SECTION A – STUDENT HEALTH CARE PLANNING – TO BE COMPLETED BY PARENT/CARER

IN THE FOLLOWING TABLE, PLEASE LIST ANY HEALTH CARE CONDITIONS/NEEDS FOR WHICH YOUR CHILD REQUIRE SUPPORT AT SCHOOL
THEN REQUEST ONE OR MORE OF THE FOLLOWING PLANS REQUIRED TO SUPPORT YOUR CHILD AT SCHOOL:

- A STANDARDISED PLAN FOR COMMON CONDITIONS (E.G. ANAPHYLAXIS, ALLERGIES, SEIZURES, DIABETES, ASTHMA, ACTIVITIES OF DAILY LIVING SUCH AS PEG FEEDING);
- A GENERIC PLAN FOR OTHER LESS COMMON HEALTH CONDITIONS;
- AN ADMINISTRATION OF MEDICATION PLAN: SHOULD BE COMPLETED IF THE MEDICATION YOU REQUIRE TO BE ADMINISTERED AT SCHOOL HAS NOT BEEN INCLUDED IN A STANDARDISED OR GENERIC PLAN E.G. SHORT TERM USE OF ANTIBIOTICS; AND/OR
- A PLAN PROVIDED BY MEDICAL PRACTITIONER.

PLEASE TICK HEALTH CARE CONDITION/S AND OR NEED/S REQUIRING SUPPORT AT SCHOOL

<table>
<thead>
<tr>
<th>MEDIC ALERT</th>
<th>STANDARDISED PLAN COMPLETED AND ATTACHED</th>
<th>SPECIFIC TRAINING REQUIRED TO SUPPORT THE STUDENT</th>
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SEVERE ALLERGY ANAPHYLAXIS (FORM 4)

MINOR & MODERATE ALLERGIES (FORM 6)

DIABETES (FORM 7)

SEIZURES (FORM 8)

ASTHMA (FORM 9)

ACTIVITIES OF DAILY LIVING (FORM 10)

EMERGENCY RESPONSE PLAN FOR STUDENTS WITH SPECIAL NEEDS (FORM 11)

OTHER CONDITION(S) OR NEED(S)
(PLEASE LIST AND COMPLETE GENERIC PLAN - FORM 2)

A GENERIC PLAN COMPLETED AND ATTACHED (FORM 2)

SPECIFIC TRAINING REQUIRED TO SUPPORT THE STUDENT

YES ☐ NO ☐

PLAN PROVIDED BY MEDICAL PRACTITIONER

SHORT TERM MEDICATION REQUIRED (FORM 3)

ADMINISTRATION OF MEDICATION (FORM 3) COMPLETED
YES ☐ NO ☐

PARENT/CARER SIGNATURE: 
DATE: 

PRINCIPAL SIGNATURE: 
FORM 1 PAGE 1 OF 2
SECTION B: INFORMED CONSENT

IS THE STUDENT HEALTH CARE SUMMARY TO BE SHARED WITH ALL STAFF?  YES ☐ NO ☐

IF NO, AND THE INFORMATION IS TO BE RESTRICTED, WHO WILL BE INFORMED?

______________________________________________________________________________

______________________________________________________________________________

SECTION C: PHOTO IDENTIFICATION FOR HEALTH CARE PLAN

NOTE: TO USE A CHILD’S PHOTO ON THEIR HEALTH CARE PLAN WHICH IS PLACED ON VIEW FOR STAFF, REQUIRES PERMISSION FROM THE CHILD’S PARENT/CARER.

PHOTO ID REQUIRED  YES ☐ NO ☐

IF YES, PLEASE ATTACH TO RELEVANT HEALTH CARE PLAN(S) AND OR THE STUDENT HEALTH CARE SUMMARY.

SECTION D MEDICALERT INFORMATION

STUDENT HAS A MEDICALERT BRACELET/PENDANT  YES ☐ NO ☐

IF YES PROVIDE DETAILS:


THIS AGREEMENT AUTHORISES THE SCHOOL STAFF TO FOLLOW THE ADVICE OF THE STUDENT’S PARENT/CARER AND/OR MEDICAL PRACTITIONER AS SET OUT IN THIS STUDENT HEALTH CARE SUMMARY AND SUPPORTING DOCUMENTATION. IT IS VALID FOR ONE YEAR OR UNTIL I ADVISE THE SCHOOL OF A CHANGE IN MY CHILD’S HEALTH CARE REQUIREMENTS.

PRINCIPAL:  MEDICAL PRACTITIONER: (AT THE PRINCIPAL’S DISCRETION – SEE GUIDELINES)
DATE: DATE:

PARENT/CARER: REVIEW DATE:
DATE:

SIGNATORIES ON HEALTH CARE DOCUMENTATION

A MEDICAL PRACTITIONER’S SIGNATURE IS REQUIRED FOR POTENTIALLY LIFE THREATENING CONDITIONS SUCH AS ANAPHYLAXIS AND DIABETES. HOWEVER, FOR MOST CONDITIONS, THE REQUIREMENT FOR A MEDICAL PRACTITIONER’S SIGNATURE IS AT THE PRINCIPAL’S DISCRETION. IF A PRINCIPAL IS CONCERNED FOR ANY REASON ABOUT THE HEALTH CARE REQUIREMENTS REQUESTED BY A PARENT/ CARER, THEY SHOULD INSIST ON A MEDICAL PRACTITIONER’S SIGNATURE. FLAG LIFE THREATENING CONDITIONS USING THE MEDICAL FLAG.

OFFICE USE ONLY

HAVE SUPPLEMENTARY FORMS BEEN PROVIDED?  YES ☐ NO ☐ DATE:

IS SPECIFIC TRAINING REQUIRED TO SUPPORT THE STUDENT?  YES ☐ NO

PRINCIPAL SIGNATURE: