Student Medical Condition Plan

Introduction

This plan is required for any student with a known medical condition, short or long term that:

- Requires intervention i.e.: administration of medication, PEG feed, wound dressing.

- Could lead to a medical emergency requiring first aide response, administration of medication or other medical care.

This form should be completed by Parent / Carer / Guardian and endorsed by the Medical Practitioner as per Section C.

This form does not need to be completed if the student has a medical action plan specific related to their diagnosis e.g.: asthma, anaphylaxis, diabetes, or epilepsy. These conditions require the completion of the specific Medical Action Plans which can be located by visiting peak body websites such as the Australasian Society of Clinical Immunology and Allergy (ASCIA), Asthma Australia, Diabetes Australia, or Epilepsy Tasmania or via the treating Medical Practitioner.

This plan must be reviewed annually or when the students medical condition changes. Parents / carers / guardians must inform the school immediately if there are any changes to the students' condition that will impact the contents of the form.

If staff have concerns about the safety and wellbeing of a student they must follow standard emergency response processes, which may include calling 000. Staff are required to follow the directions of Ambulance Tasmania.

Section A – Personal Details (please fill in clearly)					
Student's Name		Date of Birth		Gender	M ☐ F ☐ Other ____
School		Grade			
Parent / Carer / Guardian Name		Address			
Telephone Contact	Home	Business		Mobile	
Emergency Contact 1			Telephone		
Emergency Contact 2			Telephone		
Name of Medical Practitioner			Telephone		

Section B – Medical Management		
Student is prescribed medication to be taken during school time. *	Yes ☐	No ☐
Assistance required from school staff.	Yes ☐	No ☐
Student is independent with management.	Yes ☐	No ☐
*Please complete and attach an Authorisation for Administration of Student Medication Form.		

Section C – Parent / Carer / Guardian Authorisation and Medical Practitioner Endorsement			

1. I give permission for my child to:
 	
   a. be treated by school staff in accordance with this plan if required.
 	
   b. be identified by section D which may include a photograph of my child and treatment information to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered appropriate.
 	
2. As a parent/carer/ guardian I will notify you immediately of any change to this plan and provide an updated version.			

Parent / Carer / Guardian Name			
Parent / Carer / Guardian Signature		Date	
Medical Practitioner Endorsement - I am aware of, and support, the health care treatment/actions outlined in Section D of this form.			
Medical Practitioner Name		Title	
Medical Practitioner Signature		Date	

Section D – Medical Condition Response Plan

Student Name	
Medical Condition	

Detail the student's usual symptoms, triggers and the action that is typically taken:

Detail any regular procedures that need to occur at school (including the role of support staff) i.e. supervision, giving medication, perform a task for student.

SAFETY GUIDELINES / CONSIDERATIONS / INTERVENTIONS

Please list any safety guidelines /considerations / interventions required in the below areas

Classroom:

Playground:

Excursions:

Transportation:

Please also complete the relevant DECYP condition specific management plan if your child requires:

DECYP

- Nutrition Support via PEG / NGT

- PEG / NGT care

- Hydration tracking

Please include any other relevant care or treatment plans that have been completed by a Health Care Professional.

Signs / symptoms that indicate Emergency Treatment needed:

EMERGENCY TREATMENT ACTIONS
Step 1:
Step 2:
Step 3:
Call ambulance when student: