

Student Health Support Plan – St Peter’s Primary School



This plan outlines how the school will support the student’s health care needs, based on documented Medical Management Plan completed and endorsed by the student’s treating medical/health practitioner. **This form or a condition specific form (e.g. Epilepsy Management Plan, Asthma Management Plan, Diabetes Management Plan) must be completed for each student with an identified health care need.** Students with Anaphylaxis must have an Individual Anaphylaxis Management Plan in accord with the Anaphylaxis Policy.

For any student with an identified health, mobility or personal care need, the appropriate Medical Management Plan must be completed by the relevant Medical/Health Practitioner and attached to this plan. If the student takes medication during school hours for their condition, the Medication Authority Form must also be completed and updated as required by a registered Medical/Health Practitioner and provided to the school by the authorised parent/carer and attached to this plan. Refer to Medical Management Policy for more information

Refer also to [Victorian Government Health Care Needs Resources](#).

This plan enacts the authorised medical advice and is to be completed by the Program Support Group (inclusive of the principal/nominee, parent/carer and where appropriate student).

Student’s name:	Date of birth:
Medical / Health Practitioner Name:	Medical / Health Practitioner Contact:
Year level:	Proposed date for review of this plan:
School E Number:	School Name: St Peter’s Primary School
School suburb: Epping	School Phone: 9401 1157

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:

How the school will support the student's health needs

Student health condition/medical diagnosis/diagnoses:	Describe functional impact for the student
<p>Does the student have needs that could impact on the management of their health condition at school? (select all relevant):</p> <p><input type="checkbox"/> cognitive,</p> <p><input type="checkbox"/> communication,</p> <p><input type="checkbox"/> sensory seeking,</p> <p><input type="checkbox"/> vision,</p> <p><input type="checkbox"/> hearing,</p> <p><input type="checkbox"/> learning or behavioural needs</p> <p><input type="checkbox"/> Condition Specific Medical Advice Form</p> <p><input type="checkbox"/> Personal Care Medical Advice Form</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Does the student have mobility needs?</p>	

Student health condition/medical diagnosis/diagnoses:	Describe functional impact for the student
<p>Is there a need for additional support related to the wellbeing of the student?</p> <p>(e.g. psychological wellbeing, interrupted attendance, learning in other settings such as hospital and CAMHS programs, deteriorating health, supervision for eating disorder, grief and loss issues, palliative care)</p>	
<p>Is there a need for additional support with daily living tasks?</p> <p>(e.g. assistance with personal hygiene, continence care, oral eating and drinking, transfers and positioning, nose-blowing, handwashing, menstruation management)</p>	
<p>Attendance e.g. select subjects, flexible attendance, hospital education, Virtual School, dual placement special school:</p>	
<p>Does the student require a PLP? What specific factors need to be addressed e.g. personalised care and support, independence, mobility, communication, etc.</p>	
<p>Consent for sharing information with relevant health professionals.</p>	

Below are some questions that may need to be considered when detailing the support that will be provided for the student’s health care needs. These questions should be used as a guide only. More specific questions may be referenced in the table below

Support	What needs to be considered?	Document how the school will support the student’s health care needs?	Person responsible for ensuring the support
Overall support	Is it necessary to provide support during the school day?		
	How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?	<input type="checkbox"/> <input type="checkbox"/>	
	Who should provide the support? Are additional or specialised training arrangements required e.g. Diabetes Victoria, Epilepsy Foundation, RCH Complex Care.		
	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?		

Support	What needs to be considered?	Document how the school will support the student's health care needs?	Person responsible for ensuring the support
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?		
Routine Supervision for health-related safety	Does the student require medication to be administered and/or stored at the School?	<input type="checkbox"/>	
	Are there any facilities issues that need to be addressed?		

Support	What needs to be considered?	Document how the school will support the student's health care needs?	Person responsible for ensuring the support
Other considerations	Are there other considerations relevant for this health support plan?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Agreement/Signatures

This **Student Health Support Plan** has been developed with my knowledge and input based upon health advice received from the student's medical practitioner

Name of parent/carer or adult/mature minor* student: _____ Signature: _____ Date: _____

Name of principal (or nominee): _____ Signature: _____ Date: _____

**Please note: Mature minor (refer page 73 of [Privacy Compliance Manual](#)) is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age.*

Please note: Where required, Student Health Support Plans should be reviewed at least annually or when the parent notifies the school that the student's health needs have changed. It should otherwise be reviewed as needed. For example, principals may instigate a review of the health care in response to a particular incident.

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. [Privacy Policy](#)

Individuals to receive copies of this Student Health Support Plan:

1. Student/Parent/Carer