Frequently Asked Questions

1. Will the school have a health care planning form for my child's condition(s)?

Forms are available for common conditions. For other conditions the generic health care form or a plan provided by a medical practitioner can be used.

The following plans are available:

- Severe allergy/anaphylaxis;
- Minor and moderate allergies;
- Diabetes;
- Seizure;
- Asthma;
- Activity of daily living;
- Administration of medication;
- Emergency response plan for students with special needs; and
- Generic health care plan (for all other conditions).

2. Where can I obtain the forms?

The forms can be obtained from the school office.

3. What do I do if my child's health needs change?

Advise the principal immediately if an existing plan needs to be changed or a new plan needs to be developed.

4. What do I need to do if my child is using medication for a short time, e.g. antibiotics and needs to have it administered at school?

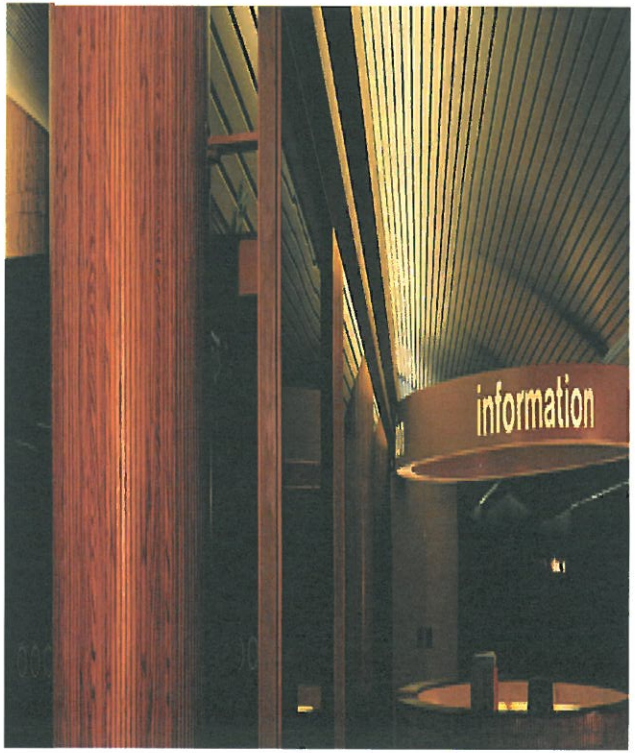
You will need to provide the school with written authorisation to administer the medication.

Department of Education
151 Royal Street East Perth WA 6004

Student Health Care

Parent Information

Department of **Education**



Your child's health

What health information does the school require at enrolment?

You will be asked :

- to provide a copy of your child's immunisation record (ACIR History Statement if available - Tel: 1800 653 809)
- to complete a Student *Health Care Summary* (HCS) form which provides an overview of your child's health care needs and information for use in a medical emergency
- to complete , sign and return one or more specific health care plans if the HCS indicates your child requires support at school

- to ensure that any medication and equipment you provide for your child is up-to-date and in good working order

Note:

- You may wish to meet with school staff to discuss your child's health care plan, particularly if staff need to be trained to support your child.
- Some health care plans for serious conditions require a medical practitioner's signature. It is important to arrange this as soon as possible.

What will the principal do when I return the health care plan(s)?

The principal will:

- review the plan(s) to ensure the school is able to provide the necessary support;
- arrange staff training if required to support your child;
- ensure plans are implemented, monitored and reviewed annually;
- manage the confidentiality of your child's health care information; and
- provide appropriate storage for medication and health equipment

FORM 1 – STUDENT HEALTH CARE SUMMARY

SECTION A

School:	Year: Form: Teacher:
Student's Name:	Date of Birth:
Address:	Gender: Male/Female

FAMILY CONTACT DETAIL	MEDICAL DETAILS
Name: Relationship to student:	Medical Practice: Doctor 1: Telephone: Doctor 2: Telephone: Dental Practice: Name of Dentist: Telephone
Address:	I give permission for the school to seek medical/dental attention for my child as required. Yes ☐ No ☐
Telephone: (W) (H) (M)	Do you have ambulance insurance? Yes ☐ No ☐ Insurance Provider: **If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.**
Name: Relationship to student:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
Address:	Health care card: Yes ☐ No ☐ Expiry Date Card Number
Telephone: (W) (H) (M)	Medicare No. (If required – for children requiring regular emergency care): Card Number: Expiry Date:

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.
Long term medication – Complete the *Medication* section of the relevant health care plan – see below.
Short term medication - Request an *Administration of Medication* form to complete and return to the principal or class teacher.
Note: *All medication required must be supplied by parents/carers*

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?
No ☐ - sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.
Signature: _____ Date: _____
Yes ☐ - complete the remainder of this form and return to the school office. You will be given additional forms to complete.
List your child's health condition(s): _____

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	Tick health condition	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis	☐	YES ☐ NO ☐
Minor & 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)		
	☐	YES ☐ NO ☐
	☐	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.

Name: **Date of Birth:** **School:**

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:_____

Signature:

Parent/Carer Signature: _____ Date: _____

Parent/Care Name: _____

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: / /

FORM 2 - GENERIC HEALTH CARE MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: **DOB:** **Year:** **Form:** **Teacher:**

Section A – Health Care Planning – to be completed by the parent/carer

Name of your child's health condition or need:

Daily Management Planning (if required):

Section B – Emergency Response Plan (if required) – To be completed by parent/carer and or medical practitioner

Section C – Staff Training Requirements

Is specific training for staff required to manage your child's condition or needs? (You may like to discuss with the principal or a medical practitioner).

A. For daily management? Yes ☐ No ☐ If yes, please describe:

B. In an emergency? Yes ☐ No ☐ if yes, please describe:

Section D – Medication Instructions (Note: Medication must be provided by parents/carers)

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – (may be as per the pharmacist's label)						
Duration (dates)	From: To:		From: To:		From: To:	
Route of administration						
Administration Tick appropriate box	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐
Storage instructions Tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐

Name:	DOB:	Year:	Form:	Teacher:

Section E –Authority to Act.

I/we authorise school staff to provide health care support for my/our child in accordance with the above plan and/or the attached plan from a medical practitioner. It is valid for one year or until I/we advise the school of a change in my/our child's health care requirements.

Parent/Carer: Date:	Medical Practitioner: If required (At the principal's discretion) Date:
Review Date:	

OFFICE USE ONLY

Date received: / /	Date uploaded on SIS: / /
Is specific staff training required? **Yes** ☐ **No** ☐:	Type of training:

Training service provider:

Name of person/s to be trained:

Date of training:

When completed, please attach to the *Student Health Care Summary* form.