

KNOWN MEDICAL CONDITION RESPONSE PLAN

Instructions

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

- requires intervention i.e. the administration of medication or other support; and/or
- could lead to a medical emergency.

Section D may be replaced by a condition specific management plan e.g. asthma, diabetes, epilepsy and/or anaphylaxis available from relevant associations or treating medical practitioners. If a student requires a more detailed Known Medical Condition Response Plan this should be referred to the student's qualified health professional to prepare.

This plan must be reviewed annually. Parents/carers must inform the school immediately if there are any changes to the plan.

Section A – Personal Details (please fill in clearly)				
Student's Name		Date of Birth		Gender M <input type="checkbox"/> F <input type="checkbox"/>
School		School Year		
Parent/Carer Name		Address		
Telephone Contact	Home	Business	Mobile	
Emergency Contact 1			Telephone	
Emergency Contact 2			Telephone	
Name of Qualified Health Professional			Telephone	

Section B – Management Approach and Medication		
Student is presently taking medication during school hours?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
*Please complete and attach a <i>Medication Authorisation and Administration Record</i> form found on the Malkara School website → <i>Information</i> → <i>Medical Information</i> , or contact the office for a form.		

Section C – Parent/Carer Authorisation			
1. I give permission for my child to: <ol style="list-style-type: none"> be treated by school staff in accordance with this plan if required; be identified by section D which includes a photograph of my child and treatment information to be stored in the school's medical emergency folders and other locations as considered appropriate. 			
2. As a parent/carers I will notify you immediately of any change to this plan and provide a reviewed version.			
3. I understand that I am responsible for any ambulance costs outside the ACT.			
Parent/Carer Signature		Date	
Qualified Health Professional Endorsement			
I am aware of, and support, the health care treatment/actions outlined in Section D of this form.			
Qualified Health Professional Name		Title	
Qualified Health Professional Signature		Date	
School Staff Agreement			
I am aware of, and support, the health care treatment/actions outlined in Section D of this form.			
Principal/Delegate Name		Title	
Principal/Delegate Signature		Date	
Relevant Staff Name/s & Title		Title	
Staff Signature/s		Date	

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Relevant additional staff signatures will be found on attached sheet

Section D – Known Medical Condition Response Plan

You may prefer to download the relevant condition specific management plan if your child has:

- Diabetes - <https://www.diabetesvic.org.au/Home> (click on How we help and Schools and early childhood settings)
- Asthma - <http://www.nationalasthma.org.au/health-professionals/asthma-action-plans>
- Anaphylaxis - <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>
- Epilepsy - <https://www.epilepsy.org.au/node/3485> (register and call 1300374537 for free access)

Student Name

List all medical conditions, medications and allergies

Medical condition this plan is for

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.

Clear signs that indicate Emergency Treatment needed:

Emergency Treatment Actions

Step 1:

Step 2:

Call ambulance when student:

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

Office Use Only

Student Central ID

Entered into SAS

Date