Floreat Park Primary School | *An Independent Public School*

Student Healthcare Policy

RATIFIED BY	DATE
SCHOOL BOARD	November 2025
REVIEW DATE	November 2028

1 Policy statement

Floreat Park Primary School promotes student health, manages student health care needs and identifies and minimises health risks, within the context of the schools' resources and the assistance available from specialist services.

This policy complies with the Department of Education Student Health Care Policy.

2 Background

The provision of health care is necessary to promote and maintain the health and wellbeing of all students. Health care provision includes:

- promoting the health, safety and welfare of all students.
- managing the health care needs of students who require health care support while under the school's supervision.
- informing and preparing staff to manage student health care needs, and respond to health emergencies; and
- providing staff with access to advice, resources and training when planning to meet the health care needs of students.

3 Scope

This policy applies to the principal, teaching staff and non-teaching staff.

4 Identifying student health care needs

At enrolment, the principal or their nominee will:

- provide parents with the *Student Health Care: Parent Information Brochure*.
- provide parents with the *Student Health Care Summary* form to complete; and
- request parents to provide a record of their child's immunisation history.

5 Managing student health care

For students whose health care can be managed with the resources available within the school and/or with assistance from specialist services, the principal or their nominee will:

- if support is required, request parents to complete one or more of the Department's standardised management and emergency response plan/s or provide an alternative plan from their child's medical practitioner;
- advise staff of their student health care responsibilities.
- arrange training for staff to manage the health care conditions or needs of students.
- implement student health care plans.
- display (behind the door in the Medical Room) health information summaries in categories (anaphylaxis, asthma, allergies, nut allergy students) with medications and expiry dates.
- store student medications and health plans alphabetically in the filing cabinet in the Medical Room enabling quick access and portability for off-site excursions and

events.

- arrange for first aid bags including asthma medication to be available for off-site excursions and events.
- ensure that parents are informed as soon as practicably possible
- for any injury involving more than a band aid, for example
  - head/neck injury
  - musculoskeletal injury affecting movement
  - injury requiring
  - suspicion of infectious illness
- ensure students who are sent to the office ill or injured must be accompanied by Medical Advice Form (located in the duty bags and each classroom).
- ensure that health information, basic first aid items and Medical Advice Forms are held in each duty bag and first aid stations are stocked (located in Medical Room, Library, Computer Room, BER building, Canteen and Gardener's Shed).

For students whose health care needs cannot be met by the school using the resources available, the principal or their nominee will refer the matter to their Regional Executive Director.

6 Managing student health care records

The principal or their nominee will:

- maintain student health records in accordance with the Department's Records Management Policy and Procedures
- upload information from the *Student Health Care Summary* and health care plans into the medical details section of the School Information System (SIS), unless the parent or student specifies that the information is not to be shared; (see appendix 4)
- retain signed, hard copies of all documentation on the student's school file.
- review all student health care records annually or when the student's health needs change; and
- manage confidentiality of student health care information.

7 Medical emergencies

The principal will develop plans for medical emergencies as a part of the school's risk management strategy. This includes processes to verify that if the principal is not present, they are informed of all emergencies.

In a medical emergency, the principal will:

- organize medical attention for the student; and
- make appropriate transport arrangements.

Staff providing assistance during a medical emergency, will:

- promptly record all actions taken; and
- inform parents and the principal of the actions taken.

8 Administration of medication

The principal or their nominee will:

- require parents to provide relevant information regarding long-term administration of medication in the student's health care plan or complete the relevant form for short- term administration of medication.
- require parents to provide any medication the student needs.
- maintain a record of all medication administered at school; and
- store all medication appropriately.

Refer to Appendix 1 for specific information about administration of medication.

9 Managing of specific student health issues

Student immunisation

The principal or their nominee will:

- collect and record information on specified vaccine preventable diseases on the School Information System (SIS); and
- provide information regarding the immunization record of any student to the Department of Health on request.

Prevention of infection

The principal will develop and implement school procedures and practices to promote effective hygiene to help reduce the spread of infection

Communicable disease management

If a student or staff member has a communicable disease, the principal will take action in accordance with the advice provided by the Department of Health in managing communicable diseases.

If the communicable disease is notifiable, the principal will:

- report the matter to the local Public Health Unit and seek their advice before taking any further action; and
- act in accordance with advice provided by the local Public Health Unit staff.

Anaphylaxis

The principal or their nominee will:

- request parents of students with previous history of anaphylaxis to provide an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis that has been completed by the student's medical practitioner.
- arrange for the staff including teachers, education assistants, office and library staff to be trained, to participate in the certified Anaphylaxis Training Program delivered by school/community health nurses or another qualified person.
- verify that all students diagnosed with anaphylaxis always have their prescribed adrenaline auto-injector available.
- arrange for an adrenaline auto-injector for emergency use to be included in the first aid kit.
- establish the processes for an appropriate emergency response in an anaphylaxis emergency.
- report any anaphylactic response as a medical emergency through the Department's online incident reporting system; and
- establish a process for reviewing anaphylaxis events to identify if there are strategies that could be implemented to reduce the likelihood of future adverse events; and
- implement school processes to:
    - minimize the risk of exposure to known allergens for those students identified as being at risk; and
    - inform staff and all other persons having contact with students about the students at risk.

Refer to Appendix 2 for the school's Anaphylaxis Management Policy.

Sun Care

In conjunction the with the school's Sun Smart Policy the principal will:

- consult with parents, staff, and where appropriate students, to develop agreed procedures for promoting effective sun protection; and
- modify teaching and learning programs to suit weather conditions.

10 Other student health issues

Nutrition

In conjunction with the school's Healthy Food and Drink Policy, the principal or their nominee will ensure compliance with the Department of Education's Healthy Food and Drink Policy.

APPENDIX 1:

Administration of Medication

Long term administration of medication

- Long term medication is prescribed or non-prescribed medication that a student is required to take during school hours in response to a long-term or ongoing medical condition.
- Instructions and authorization for the administration of long term medication will be recorded in the student's health care plan.

Short term administration of medication

- Parents may request school staff to administer prescribed or non-prescribed medication to students for a short period of time when their child has a condition that does not require a long- term health care plan. For short-term administration of medication, parents are required to complete:
    - an *Administration of Medication* form; or
    - the *Letter to Parents – Short Term Medication.*

Emergency administration of an adrenaline auto-injector

- The majority of students with anaphylaxis will have been diagnosed by the time they reach school and should have their own prescribed adrenaline auto-injector available to them at all times.
- A small number of students who have not been diagnosed previously and who therefore do not have a prescribed adrenaline auto-injector available may experience their first anaphylactic reaction at school.

Adrenaline auto-injector for emergency use

Floreat Park Primary School has three auto-injectors for general use. They are located in the medical room, pre-primary and kindergarten. They can be used:

- when a student who has not been previously diagnosed, is experiencing an anaphylactic reaction for the first time as they will not have a prescribed adrenaline auto-injector available.
- when a student with a prescribed adrenaline auto-injector requires a second dose; and
- in an emergency, when a student with a prescribed adrenaline auto-injector does not have their medication available.

Note:

- The adrenaline auto-injectors for general use are not intended to replace a prescribed adrenaline auto-injector for a student who has been previously diagnosed.
- Access to the adrenaline auto injectors for general use is managed at the local level with priority given to high-risk situations where there may be limited access to medical

support for example, school camps.

Adrenaline auto injectors have a maximum shelf life of approximately 18 months and expiry dates should be checked regularly.

Dosage

Dosage is in accordance with the pharmacy label. However, the principal or their nominee can request advice from a medical practitioner where they believe a student's prescribed dosage may need to be adjusted. A medical practitioner may nominate the range of prescribed dosage.

Storage of medication

- Medications will be stored safely in accordance with the pharmacy label.
- Where appropriate, medication will be stored in a refrigerator or secure area in administration building.
- Some medications may be required on an immediate basis, (for example an adrenaline auto-injector or an asthma reliever) and storage arrangements should take this into account.
- Under the Poisons Act 1964, Schedule 8 medications such as methylphenidate (Ritalin) and dexamphetamine are controlled drugs. Controlled drugs are to be stored in a locked cupboard separately from all other non-Schedule 8 drugs.

Self-administration of prescribed medication by students

- The common law duty of care does not extend to administering prescribed medication to students who are reasonably able to self-administer. However, the principal should take reasonable steps to manage those students who self-administer medication so that they do so safely.
- The principal will request parents of students who self-administer medication at school to complete an *Administration of Medication* form and provide the school with the medication.
- The medication will be kept in a secure location that is not easily accessible to other students.
- The manner in which a principal manages student self-administration of medication will vary in accordance with the specific student's health care plan or needs. Local issues within the school community may also influence how the school will manage self- administration of medication.

Principals should check that students self-administrating medication:

- have parental consent to self-administer their medication.
- dispense the medication from the original pharmacy-labelled container.
- limit the amount brought to school to the daily dose.
- are aware that staff can ask to see the container and speak to parents if necessary.
- store their medication appropriately a secure location that is not easily accessible to other students.
- to protect the safety of the individual and other students; and
- receive supervision to self-administer if deemed age appropriate or necessary because of the nature of the medication involved.

APPENDIX 2:

Allergy & Anaphylaxis Management Policy Floreat Park Primary School

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings). Most anaphylaxis reactions in school settings occur when children are exposed to allergens not experienced previously at home. Previous mild to moderate reactions cannot be used as a predictor that anaphylaxis will not occur in the future.

The key to prevention of anaphylaxis in schools is highlighting to students and parents when allergens will be present, ensuring safe food practices are followed on school grounds, knowledge of students who have been diagnosed as at risk, Partnerships between schools and parents/guardians are vital in helping the student avoid exposure.

Purpose

- To provide an allergy aware environment for all students, staff and support organizations (P&C).
- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about allergies, anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.
- To engage with parents/guardians of each student at risk of allergic reactions & anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
- To ensure that staff and supporting organizations (eg. P&C) have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Health Care Plans

- The principal will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.
- The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:
  - annually, and as applicable,
  - if the student's condition changes,
  - immediately after the student has a possible exposure to an allergen.
- It is the responsibility of the parent/guardian to:
  - provide an ASCIA Action Plan completed by the child's medical practitioner, together with a current photo.
  - inform the school if their child's medical condition changes.
  - if relevant provide an updated ASCIA Action Plan.
- The ASCIA Action Plan should include:
  - Confirmed allergens.
  - The first aid response.
  - Prescribed medications including instructions on Adrenaline Auto injector administration.
  - Details of the medical practitioner completing the Action Plan.

Communication

- The principal will be responsible for providing information to all staff, students, parents/caregivers and external providers about allergies, anaphylaxis and the school's allergies & anaphylaxis management strategies.
- The principal will work with the P&C to ensure it is aligned with school Allergy and Anaphylaxis policy. work collaboratively with the P&C Anaphylaxis and Allergy committee to promote our 'Allergy Awareness' message. Comment – P&C activities are a key risk to students with risk of allergic reactions and should be managed under a common approach / policy. Note that the school is legally

responsible for activities during school time, even if run by P&C.

- Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

Staff training and emergency response

- Teachers and other school staff who have contact with the student at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency. The training should be reinforced every 1-2 years.
- All teachers will undertake the online training module located on the DOE portal.
- At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis. Training will be provided to these staff as soon as practicable after the student enrols.
- Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians.
- The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

Adrenaline given through an adrenaline auto injector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

Setting	Considerations
Classroom	• Display a copy of the students ASCIA Action Plan in the classroom. • At the beginning of each term, PLC teams review who the students with allergies/medical conditions are in that year level. • Liaise with parents/guardians about food related activities ahead of time. • Correspondence will be made with parents actively discouraging them to bring products into the school containing allergens. This includes their own children's lunches as well as items for class parties and special events. • For birthday celebrations, parents are encouraged to order icy poles (available) via the canteen. Cakes and other treats are discouraged and cannot be distributed by teachers unless there has been adequate forward planning and communication with parents. • Staff to be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). • Have regular discussions with students about the importance of washing hands and not sharing food. • Casual/relief teachers are provided with a copy of the student's ASCIA Action Plan in the class information file.
Canteen	• Canteen staff should attend anaphylaxis training and undertake the All about Allergens for Schools online training • Canteen staff will display a copy of student's ASCIA Action Plans for students at risk of Anaphylaxis from food ingredients used in the canteen. (This will be done with parental permission) • The canteen will keep an up-to-date Food Allergen Menu Matrix to identify foods containing allergens and make this available via school website • Parents/carers to identify lunch orders for students with allergies when placing the order through Qkr app • Canteen staff to highlight food orders for students with food allergies on

	Qkr labels adhered to lunch bags • Food for students with food allergies is prepared either before other orders or in a separate area using clean equipment. • Food banning is not recommended, our school community chooses not to stock peanut and tree nut products (including nut spreads) as one of the school's risk minimisation strategies. • Allergen free alternatives – such as plant oil spreads instead of butter, should be used where possible.
Playground	• In the event of a student being stung or feeling unwell at lunchtime, staff should always ask **"do you have any allergies?"** • Student allergy lists are included in duty bags. Staff member should cross reference these. • Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch). • The adrenaline auto injector should be easily accessible from the yard. Generic auto injectors are located in the BER Building 'Teacher's Prep Room' and in the medical room adjacent to the administration area. • In the event of an anaphylactic emergency staff on duty will communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended. This will be done sending senior students (identified by wearing a coloured vest) and/or another staff member also on duty to BER Building 'Teacher's Prep Room' and the office. • Students should wear shoes at all times. • Keep outdoor bins covered. • The student should keep open drinks (e.g. drinks in cans) covered while outdoors.
On-site events (e.g. sporting events, in school activities, class parties)	• For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student. • Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies. • Staff must know where the adrenaline auto injector is located and how to

	access it if it is required. • Staff should avoid using food in activities or games, including rewards. • For sporting events, it may be appropriate to take the student's adrenaline auto injector to the oval. If the weather is warm, the auto injector should be stored in an esky to protect it from the heat. • Unless directed otherwise by the parent the auto injector should be with the supervising teacher or another qualified staff member, as directed by the supervising teacher. This applies to be on-site and off-site activities. • Party balloons should not be used if a student is allergic to latex.
Off-site school settings – field trips, excursions	• Latex swimming caps should not be used by a student who is allergic to latex. • The student's adrenaline auto injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis. • Should an anaphylactic event occur off-site the trained staff member will administer the auto injector, if required. Another staff member will call an ambulance, if required, and contact, by telephone the school and the parents. • The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). • Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student. • Consider the potential exposure to allergens when consuming food on buses.
Off-site school settings – e.g	• When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers.

	• Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. • Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. • Camp providers should seek allergen free alternatives or exclude allergens where possible. • Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided. • The student's adrenaline auto injector and ASCIA Action Plan and a mobile phone must be taken on camp. • A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis. • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp. • The adrenaline auto injector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline auto injector (as requested by the parent).. • The student with allergies to insect venoms should always wear closed shoes when outdoors. • Cooking and art and craft games should not involve the use of known allergens. • Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

APPENDIX 3:

Forms

Speak to the front office about which form you might need

Department of Education

GOVERNMENT OF WESTERN AUSTRALIA

Student health care

On enrolment you will be asked to provide your child's health information to help the school meet your child's health needs.

You will be asked to:

- provide your child's Australian Immunisation Register (AIR) immunisation history statement
- complete a Health Care Summary form with details about health care needs and information to use in a medical emergency
- complete Management and Emergency Response Plans where the Health Care Summary indicates your child needs support at school.

If your child's medical needs are complex, you can arrange a meeting with the school.

Management and Emergency Response Plan

A Management and Emergency Response Plan provides your child's school with information they need to respond to specific medical needs. The plan outlines:

- a daily management plan
- an emergency response plan
- staff training requirements
- medication instructions such as dosage, storage and when it needs to be taken
- your authority to act.

Management and Emergency Response Plans may need to have a signature from your child's medical practitioner.

It is important to ensure the plan is in place as soon as possible. You should also review the plan each year or as your child's needs change.

Types of plans

Management and Emergency Response Plan templates are available from your school for common conditions such as:

- severe allergy or anaphylaxis
- mild and moderate allergies
- seizure
- asthma
- activities of daily living
- emergency response plan for students with special needs
- generic health care (for all other conditions).

Plans for students with diabetes are developed using the Diabetes WA templates.

Medication and equipment

If your child needs to be given medication during school hours, you need to provide:

- medication that is labelled with your child's name, in its original packaging and is within expiry
- written authorisation for the school to administer the medication using a standard form from the school.

This applies to medication for long-term and short-term use.

If your child needs medical equipment at school, it is important to ensure you supply the equipment in good working order.

It is important that you maintain communication with your child's school, and advise of any changes or concerns you may have.

TRIMNumber
[Publish Date]

CC BY Exclusions may apply

Department of
Education

GOVERNMENT OF
WESTERN AUSTRALIA

FORM 1
STUDENT HEALTH CARE SUMMARY

SECTION A

Year **Form** **Teacher**

Student's name

Date of birth (dd/mm/yy) / / **Gender** Male Female Not Specified

Address

Postcode

FAMILY CONTACT DETAILS

Name

Relationship to student

Address

Postcode

Telephone (Home) **Telephone (Work)**

Telephone (Mobile)

Name

Relationship to student

Address

Postcode

Telephone (Home) **Telephone (Work)**

Telephone (Mobile)

MEDICAL DETAILS

Medical practice

Doctor 1 **Telephone**

Doctor 2 **Telephone**

Do you have ambulance insurance? YES NO - *If yes, specify insurance provider:*

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency *e.g. allergy to penicillin.*

Medicare Card number **Medicare Card Individual Reference Number (IRN)**

Expiry date (dd/mm/yy) / /

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? (Check the box that applies)

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** / /

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

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 (Check the box that applies)	**Will school staff require specific training to support your child?**	
Severe Allergy/Anaphylaxis	YES	NO
Minor and 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 below)	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.

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 below:*

Parent/Carer Signature **Date** / /

Parent/Carer Name

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

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:			**Date**	/ /

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	☐ ☐ ☐ ☐ ☐

N	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.

FORM 3 - ADMINISTRATION OF MEDICATION

This form is to be used when a parent/carer requests school staff to administer medication to their child on a short term basis.

Note: Long term administration of medication should be incorporated in a health care plan.

School: Year: Form:

Students Name: Date of Birth:

Family Contact Details
Address: Gender:

Telephone No: Teacher:

Section A: Medication Instructions – To be completed by parent/carer (Note: Medication must be provided by parents/carers)

	Medication 1		Medication 2	
Name of medication				
Expiry date				
Dose/frequency – (may be as per the pharmacist's label)				
Duration (dates)	From : To:		From : To:	
Route of administration				
Administration Tick appropriate box	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	☐ ☐ ☐ ☐ ☐

Will staff need to be trained to administer your child's medication? Yes ☐ No ☐ If yes, describe the type of training the staff would require:

Section B – Authority to Act

This administration of medication form authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for the specified time period as noted above.

Parent/Carer: _____ Date: _____

OFFICE USE ONLY

Date received: _____

Is specific staff training required? **Yes** ☐ **No** ☐: Type of training:

Training service provider: Name of person/s to be trained:

Date of training:

When this course of medication concludes, please retain this form in the student's school file.

Form 12 - RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Name: Date of Birth Year: Form: Teacher:

RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Date	Time	Support/Medication	Staff Member	Signature/Initials

Record from: / / to : / /

Signed: _____ Date: / /

Department of
Education

FORM 4 - SEVERE ALLERGY/ANAPHYLAXIS MANAGEMENT AND EMERGENCY RESPONSE PLAN

Name: _____ DOB: _____ Year: _____

Teacher: _____ Form: _____

SECTION A: Student Health Care Planning – to be completed by parent/carer
(Please list specific allergens and most recent reactions in the table below).

My child is allergic to:		For each allergen, provide specific information (e.g. peanuts – even small quantities)	Describe your child's most recent symptoms and date of reaction to the allergen (e.g. anaphylaxis, hay fever, hives, eczema).
Peanuts	☐		
Tree Nuts	☐		
Milk	☐		
Eggs	☐		
Soy Products	☐		
Wheat Products	☐		
Shellfish	☐		
Fish	☐		
Insect Stings or Bites (Please specify insect(s) if known)	☐		
Medication (Please specify medicine(s) if known)	☐		
Other/Unknown (Please specify food(s) if known)	☐		

SECTION B: Daily Management

List strategies that would minimise the risk of exposure to known allergens: _____

_____

_____

_____

_____

_____

SECTION C: Medication Instructions (Note: All 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	☐ ☐ ☐ ☐ ☐	

SECTION D: Emergency Response – as per anaphylaxis (ASCIA) action plan attached (This must be completed by your child's medical practitioner).

If unavailable go to the ASCIA website for Action Plans: https://www.allergy.org.au/health-professionals

SECTION E: Authority to Act

This severe allergy/anaphylaxis management and emergency response plan authorises school staff to follow my/our advice and/or that of our 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 Name:	Medical Practitioner Name and Medical Practice:	Review Date:
_____	_____	
_____	_____	
Signature:	Signature:	
_____	_____	
	Provider Number: _____	
Date: _____	Date: _____	

When completed, please attach the *Student Health Care Summary* to the front of this document.

OFFICE USE ONLY	Date uploaded on SIS: / /
Is specific staff training required? **Yes** ☐ **No** ☐	Date received: / /
Type of training:	Date of training: / /
Training service provider:	
Name of person/s to be trained:	

ASCIA Emergency Action Plans are regularly updated. To ensure you are using the most current documentation, go to the ASCIA website: https://www.allergy.org.au/health-professionals

FORM 5 - MILD TO MODERATE ALLERGY MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: **Date of Birth:** **Year:** **Form:** **Teacher:**

Section A – Student Health Care Planning
To be completed by parent/carer - (Please list specific allergens and most recent reactions in the table below).

My child is allergic to:		For each allergen provide specific information (e.g. peanuts – even small quantities)	Describe your child's most recent symptoms and date of reaction to the allergen (e.g. hay fever, hives, eczema).
Peanuts	☐		
Tree Nuts	☐		
Milk	☐		
Eggs	☐		
Soy Products	☐		
Wheat Products	☐		
Shellfish	☐		
Fish	☐		
Insect Stings or Bites (Please specify insect(s) if known)	☐		
Medication (Please specify which medication(s) if known)	☐		
Other/Unknown(Please specify food(s) if known)	☐		

Section B - Daily Management

List strategies that would minimise the risk of exposure to known allergens.

Section C – 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:			
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	☐ ☐ ☐ ☐ ☐

Section D - Emergency Response
As per ASCIA action plan attached (This must be completed by your child's medical practitioner). Go to the ASCIA website for Action Plans and further information: https://www.allergy.org.au/health-professionals

Section E – Authority to Act

This mild to moderate allergy management and emergency response plan authorises school staff to follow my/our advice and/or that of our 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's name (and Medical Practice if required)** **Medical Practitioners Signature:** **Provider Number:** **Date:**	**Review Date:**

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

Name:	**Date of Birth:**	**Year:**	**Form:**	**Teacher:**

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:

ASCIA Emergency Action Plans are regularly updated. To ensure you are using the most current documentation, go to the ASCIA website: https://www.allergy.org.au/health-professionals

FORM 7 - SEIZURE MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: Date of Birth Year: Form: Teacher:

Type/s of Seizures: **Date of first seizure: / /**

Section A – Medication for Seizure Management – To be completed by parent/carer

1. Does your child require **medication** to be administered regularly at school? Yes ☐ No ☐
2. If yes, complete the table below. (**Note**: All medication must be provided by parents/carers)
3. If no, proceed to **emergency medication** table and complete.

INSTRUCTIONS FOR ADMINISTRATION OF REGULAR MEDICATION

	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	☐ ☐ ☐ ☐ ☐

Are there any other precautions?

Section B: Seizure Management

Step 1	Remain calm Remain with the student
Step 2	Remove furniture or objects that could cause harm – Do not restrain
Step 3	Record the length of the seizure and what happens during the seizure
Step 4	**Do not attempt to put anything into the child's mouth or between the teeth. (The exception may be the use of specified medications such as buccal midazalam which may meed to be administered in an emergency if indicated in Section D)**
Step 5	When the seizure ceases, gently roll the student on to his/her side (recovery position)
Step 6	Stay with the student until he/she regains consciousness and is able to communicate Advise parents/carers

Section C: Emergency Management

Call an ambulance if:

- The seizure lasts more than 5 minutes
- Another seizure occurs immediately after the last
- The student sustains an injury
- If there is concern regarding the student's cardio-respiratory status
- In doubt/concerned

Section D: Administration Of Emergency Medication

	Medication 1		Medication 2	
Name Of Medication	_____		_____	
Dose/Frequency	_____		_____	
Route Of Administration	Buccal ☐ Nasal ☐ Rectal ☐		Buccal ☐ Nasal ☐ Rectal ☐	
Expiry Date	____/_____/_____		____/_____/_____	
Any other specific instructions?	Yes ☐ No ☐ If yes, please state below:		Yes ☐ No ☐ If yes, please state below:	
Storage Instructions (Tick appropriate box(es)	• Stored at school • Refrigerate • Keep out of sunlight • Other (list)	☐ ☐ ☐ ☐	• Stored at school • Refrigerate • Keep out of sunlight • Other (list)	☐ ☐ ☐ ☐

Name:	DOB:	Year:	Form:	Teacher

Section E – Authority to Act

This seizure management and emergency response plan authorises school staff to follow my/our advice and/or that of our 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)** **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 8 - ASTHMA MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: **Date of Birth** **Year:** **Form:** **Teacher:**

Section A – Asthma management

List known trigger(s): **Dust** ☐ **Pollen** ☐ **Smoke** ☐ **Exercise** ☐ **Animal Fur** ☐ **Common Cold** ☐
Other: _____

Daily management planning (if required):

Section B - Management instructions in the event of an asthma attack

Steps	Instructions
Step 1	Sit the student upright, provide reassurance, and remain calm. Remain with the student.
Step 2	Give 4 puffs of blue reliever inhaler. Use spacer if available. Use one puff at a time and ask the student to take 4 breaths after each puff.
Step 3	Wait 4 minutes. If there is no improvement give another 4 puffs.
Step 4	**EMERGENCY INSTRUCTIONS** **If little or no improvement occurs:** **a) Call an ambulance immediately (dial 000).** **b) Call parent/carer.** **c) Keep giving 4 puffs of blue reliever inhale every 4 minutes, until the ambulance arrives.** **d) Go with the student in the ambulance if his/her parents/carers have** not arrived when the ambulance is ready to leave for hospital.

Section C – 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:			
Route of administration						
Administration Ttick 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	☐ ☐ ☐ ☐ ☐

Section D – Authority to Act.

This asthma management and emergency response plan authorises the school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.

Parent:	Medical Practitioner (if required):
Date:	Date:

Review Date:

Name:	**Date of Birth**	**Year:**	**Form:**	**Teacher:**

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 the student health care summary form to the front of this document and return to your child's school.

FORM 9 – PERSONAL CARE ACTIVITIES FORM

Note: A separate Form 9 should be completed for each personal care activity

Name: **Date of Birth:** **Year:** **Form:** **Teacher:**

Section A: Planning to support students who require assistance with personal care activities.

To be completed by parent or the relevant medical practitioner and returned to the school
Type of activity requiring support:

Section B: Instructions:
Please list tasks or steps involved to manage the activity. For example: Catheterisation – Care of in-dwelling catheter

Step 1

Step 2

Step 3

Section C – Emergency Response Plan (if required):

Section D – Medication (If applicable) (Note: If required, medication must be provided by parents)

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	☐ ☐ ☐ ☐ ☐

Section E – Authority to act

This form authorises school staff to follow my/our advice and/or that of our 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: Date:	Medical practitioner (if required): Date:
Review date:	**Form 9 page 1 of 2**

Note: Where a medical practitioner provides a written plan for staff to follow, this form may not need to be completed.

:
Name: **Date of birth:** **Year:** **Form:** **Teacher:**

OFFICE USE ONLY

Is support to be provided by a member of staff? Yes ☐ No ☐ If yes, name(s) of authorised staff:

Is specific staff training required? Yes ☐ No ☐ Date of training: / / Date of retraining / /

Type of training:

Training providers:

Name of person(s) to be trained:

Actions taken:

When completed please attach the *Form 1: Student Health Care Summary* to the front of this document.

FORM 10 - EMERGENCY RESPONSE PLAN FOR A STUDENT WITH SPECIAL NEEDS

This form is to be used for specifying the emergency action plan required for special needs students with multiple conditions

Student Details		Insert Photo Here
School:	Year: Form:	
Name:	Date Of Birth:	
Medical Practitioner:	Parent/Carer:	
Medical Practice Telephone:	Parent/Carer Telephone:	
Specialist:	Parent Carer Address:	
Specialist Telephone No:	Medicare Card No:	
Specialist Centre/Hospital:	Health Care Card: Yes ☐ No ☐	
Specialist Centre/Hospital Address:	Health Care Card No:	

Section A – Health Conditions/Needs: Diagnosis(S): List Below

	Medic Alert		**Medic Alert**		**Medic Alert**
	Yes ☐ No ☐		Yes ☐ No ☐		Yes ☐ No ☐
	Yes ☐ No ☐		Yes ☐ No ☐		Yes ☐ No ☐

Section B – Daily Health Care Routines

Routine	**Required**	**Comments**
Communication	**Yes** ☐ **No** ☐	
Diet Or Feeding	**Yes** ☐ **No** ☐	
Toileting	**Yes** ☐ **No** ☐	
Transportation	**Yes** ☐ **No** ☐	
Classroom Activities	**Yes** ☐ **No** ☐	
Behaviour	**Yes** ☐ **No** ☐	
Other	**Yes** ☐ **No** ☐	

Section C –Medical History

NAME: SCHOOL: DOB:

Section D – Medication Records - To be completed in collaboration with the principal and parent/carer

Medication E.g., Insulin	Expiry Date	Dose/ Frequency	Route Of Administration	Name Of Administrator	Storage Place	
					Stored at school **Refrigerate** **Keep out of sunlight**	☐ ☐ ☐
					Stored at school **Refrigerate** **Keep out of sunlight**	☐ ☐ ☐
					Stored at school **Refrigerate** **Keep out of sunlight**	☐ ☐ ☐
					Stored at school **Refrigerate** **Keep out of sunlight**	☐ ☐ ☐

Section E: Emergency Action Plan(S)
(Please list for each relevant diagnosis and attach relevant plan(s)

Section F – Equipment

Mobility:

Health Care Supplies:

Assisted Technology: E.G. Walker, Wheel chair, Communication Device, Oxygen Tank

Other Relevant Information:

FORM 11
SAMPLE LETTER TO PARENTS SHORT/LONG TERM MEDICATION

Dear Parent/Carers:

I would like to seek your assistance in establishing a process for managing the administration of medication to students when they are in the school's care. Except in an extreme emergency, e.g. unexpected anaphylaxis, medication can only be administered by school staff if appropriate documentation has been completed by parents/carers. This applies to both prescribed and non-prescribed medication.

Short Term Use of Medication (up to two weeks)

For administration of **short term** medication such as a course of antibiotics, our school requires written authority from parents/carers. This authority can be provided by completing an ***Administration of Medication*** **form**. These forms can be obtained from the (Registrar, form teacher, class teacher) or downloaded from the school's website. Forms can also be posted out on request. (Phone: …….).

Alternatively, parents/carers may complete the attached form and provide the medication to the school.

Note:

- The medication must be clearly labelled with the child's name and provided in packaging from the pharmacy or the manufacturer.
- Documentation must be signed and dated by a parent or carer and provided to the school with the medication.

Long Term Use of Medication

If you require the school to administer medication to your child for a period of more than two weeks, and if you have not already done so, you may need to complete a *Student Health Care Summary* and a *Management/Emergency Response Plan* for your child's particular health need. In most instances, this documentation will have been completed when you enrolled your child or as part of the school's process for updating student health care records. If this is not the case, please discuss with the (Principal, Registrar…….).

Thank you for your help.
Yours sincerely

PRINCIPAL

REQUEST TO ADMINISTER MEDICATION TO MY CHILD WHILE IN THE CARE OF THE SCHOOL (Note: Medication must be provided by parents/carers)	
STUDENT'S NAME: **DOB:** **FORM/CLASS**	
NAME OF MEDICATION	
DOSE/FREQUENCY (MAYBE AS PER PHARMACIST'S LABEL)	
ROUTE OF ADMINISTRATION (E.G. BY MOUTH)	
EXPIRY DATE OF MEDICATION:	
DATES of ADMINISTRATION:	**FROM: / / 201_ TO: / /201_**
STORAGE REQUIREMENTS: (E.G. REFRIGERATOR)	
NAME OF ADMINISTRATOR:	
PARENT/CARER SIGNATURE:	**DATE:**

FORM 12 - RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Name: Date of Birth Year: Form: Teacher:

RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Date	Time	Support/Medication	Staff Member	Signature/Initials

RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Name: Date of Birth Year: Form: Teacher:

Date	Time	Support/Medication	Staff Member	Signature/Initials