

Student Medical Condition Plan

Introduction

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

- Requires intervention, e.g. PEG feed, wound dressing, etc.
- Could lead to a medical emergency requiring first aid response or other medical care.

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

This form does not need to be completed if the student has a medical action plan which specifically relates to their diagnosis, e.g. asthma, anaphylaxis, diabetes, or epilepsy.

These conditions require completion of specific Medical Action Plans which can be found on peak body websites such as the [Australasian Society of Clinical Immunology and Allergy \(ASCI\)](#), [Asthma Australia](#), [Diabetes Australia](#), or [Epilepsy Tasmania](#) or through the treating Medical Practitioner.

This plan must be reviewed annually or when your child's medical condition changes.

Parents/carers/guardians must inform the school immediately if there are any changes to their child's condition that will impact the contents of this form.

Student Photo

Section A – Personal Details (please fill in clearly)					
Student's Name		Date of Birth		Gender	M <input type="checkbox"/> F <input type="checkbox"/> 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		

EMERGENCY TREATMENT ACTIONS <i>If there's an emergency, what steps do we need to take?</i>
Step 1:
Step 2:
Step 3:
Call ambulance when the student:

Section B – Medical Management		
Is assistance required from school staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can your child independently manage their medical condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child need to take prescribed medication during school time? *	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*If yes, please also complete and attach an [Authorisation for Administration of Student Medication Form](#).

Section C – Parent / Carer / Guardian Authorisation and Medical Practitioner Endorsement			
<p>1. I give permission for my child to:</p> <ul style="list-style-type: none"> a. be treated by school staff in accordance with this plan if required. b. be identified as set out in section D below. This may include a photograph of my child and their required treatment information being displayed in the school's first aid and medical treatment room/s, staff room/s and other locations considered appropriate. <p>2. As a parent/carer/guardian I will notify you immediately of any change to this plan and provide an updated version.</p>			
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	
<p>Please describe your child's usual symptoms, triggers and the action that is typically taken to help them:</p>	

<p>Please detail any regular actions that need to happen at school to help support your child eg, supervision, giving them medication, perform a task for them.</p>
<p>SAFETY GUIDELINES / CONSIDERATIONS / INTERVENTIONS</p> <p>What do we need to be aware of?</p> <p>Please list any safety guidelines /considerations / interventions that may be required in the below areas of school</p>
<p>In the classroom:</p>
<p>In the playground:</p>
<p>On excursions:</p>
<p>On school transport:</p>
<p>If your child requires:</p> <ul style="list-style-type: none"> • Nutrition Support via PEG / NGT • PEG / NGT care • Hydration tracking <p>Please also complete the relevant DECYP condition specific management plan for this.</p> <p>Please include any other relevant care or treatment plans that have been completed by a Health Care Professional.</p>
<p>What signs or symptoms will tell us that your child needs Emergency Treatment?</p>