[INSERT SCHOOL LOGO]

Student Health Support Plan

This plan outlines how the school will support the student's identified health and personal care needs, based on health advice received from the student's medical/health practitioner. All information highlighted in **green** is for instructional purposes only and should be removed from the final document. For further guidance, refer to the department's Health Care Needs policy.

This plan is to be completed by the principal or nominee in collaboration with the parent/carer and student. The plan's actions and adjustments can be updated as often as needed, in line with written health advice from the student's treating health team.

Student's name:	
Year level:	
What health advice has been provided to the school? *Tick as required.*	
☐ General Medical Advice Form ☐ Functional Needs Medical Advice Form ☐ Medication Authority Form ☐ Asthma Action Plan – complex or poorly-controlled asthma ☐ Diabetes Action and Management Plan ☐ Other:	
What is the student's diagnosed health condition(s)?	
Please list any other individual student plans to support their curriculum and learning, behaviour, or attendance:	
School contact name and role:	
School contact email and/or work phone number:	
Date prepared or last updated:	
Proposed review date of this plan (recommend annually):	

How the school will support the student's health care needs

Describe the actions (adjustments) that will be put in place for each identified health or care need, and if relevant – the name(s) of responsible school staff. Insertyellow. Add or remove rows as information where prompted in needed.

	Goals for student health and care needs	Actions and adjustments at school
Communication	Communication between school staff, family and student is clear, consistent, timely and respectful. Accurate health information is given to school staff so that care is delivered in a clear, safe and timely way.	*Describe how parent/carers will communicate with schoo* *staff and how school staff will communicate with* *parent/carers (for example, phone or email;* *student*

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		management system; regular multidisciplinary meetings). *With permission of the parent/carer, consider direct contact with the treating health team if required.* *Consider communication needs, such as English as an additional language or disability.*
First aid and emergency medication	First aid and emergency care is delivered by school staff within their skill, expertise and training. [*Keep or remove as needed*]: [Name of student] will receive individual emergency care other than basic first aid. [*Keep or remove as needed*]: [Name of student]'s individual first aid kit and emergency medication is labelled and stored in a secure manner that is quickly accessible in an emergency or evacuation.	School staff will follow the first aid procedure attached in the [name of student]'s [*h* *Describe how relevant school staff will be informed about the student's individual first aid response.* *Describe where and how the student's emergency first aid kit or emergency medication is stored, clearly marked and accessible in event of emergency.* *List key staff who receive additional training, or reference a local school register of staff training.* *If necessary, describe contingencies (while awaiting school staff to receive training*
Routine health care needs and medication	*Medication Authority Form; other action or management plan*]. Medication is administered according to the attached [[Name of student] will learn to: • *list goals related to a student managing their health condition* • *for example – independently take their own medicine; check their blood glucose level under supervision*	School staff will administer medication according to the attached [*Medication Autho* *Describe where the medication log will be kept.* *Consider if supports align with assigned staff duties, the scope of their position or* *List key staff who receive additional training, and/or reference a local school register of staff training.* *Describe contingencies (whilst awaiting school staff to receive training), to facilitate attendance at school.* *Describe any reasonable adjustments to address student care preferences about privacy, confidentiality or comfort.*
Complex or personal care support needs	[Name of student] has: • *for example – a nasogastric, gastrostomy tube, stoma; tracheostomy; oxygen therapy* • *for example – a frame, power chair, hoist* [Name of student] will: • *for example – be able to take part in school safely while they are toilet training in a nappy* • *for example – eat and drink under supervision to prevent choking or aspiration* • *for example – transfer safely to and from a chair with support and equipment* • *for example – have a clear and clean tracheostomy and airway with suction and saline*	School staff will provide care and support according to the attached [*General Medi* *Learning Plan etc.*] *List key staff who receive additional training, or reference a local school register of staff training.* *Describe any reasonable adjustments to address the student's personal care support needs, including responsible staff, staff training, facilities and resources.* *Describe any student and family preferences about privacy, confidentiality and con* *Further information on available supports may be found at the Health Care Needs policy.*

	• *for example – have good skin care and pressure area prevention*	
Facilities and infrastructure	The school's facilities support the student's participation at school.	*Describe actions or adjustments to ensure a first aid room/sick bay, classroom, or Schools can discuss possible funding and provision for reasonable adjustments and technical modifications for students with disability with their regional Disability Coordinator.*
Visiting health, wellbeing and inclusion workforces	The school can accommodate the student's visiting [nurse, physiotherapy, other allied health worker] to deliver care.	*Detail who the worker is, the contact staff member and how, when and where they will provide support.* *Describe how the school provides a facility or o adjustments which enables the pro*
Participation in camps, excursions and other activities	The student can safely participate in camps, excursions and other activities.	*Describe actions and supervision for excursions, camps and specific educational programs or activities.* *For example, describe minimising risks during swimming or other sports, camps and excursions, or adventure activities.*
Other considerations		*Consider whether an Individual Education Plan is required for students who may need time away from school or have other learning needs.* *For example, in permission to le*

Privacy and information sharing	[Example School] is collecting this personal information to plan and support the health care needs of the student detailed in this form. Without this information, the quality of the health support provided may be affected. This 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, staff that need to provide required technical system assistance to access the information. Information may also be disclosed where authorised or required by law. Any staff that need to know in accordance with the department's Privacy policy may also access your child's personal information. Your information will be handled in accordance with this Privacy Notice or where otherwise authorised or permitted by law. All information will be handled in accordance with Victorian privacy laws and the department's Privacy and Records Management policies. You can request access to the personal information that we hold about you or your child and to request that it be corrected. Please contact the school directly or Freedom of Information Unit on 03 9637 2670.

- This Student Health Support Plan has been developed with my knowledge and input.
- I confirm that the health advice provided is the most current health advice available.
- I agree for my child's health information to be handled in accordance with the Privacy information in this form.
- I understand that school staff assisting in the child's wellbeing can only contact the medical/health practitioner(s) named in this form or supporting documents with my consent if needed for the purposes of providing appropriate wellbeing support outlined in this form, unless required or authorised by law.

Name of parent or carer:	
Signature:	**Date:**
Name of principal (or nominee):	
Signature:	**Date:**

[Use only for adult or mature minor students. For further guidance, refer to the department's Decision Making Responsibilities for Students policy.]

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Name of adult or mature minor student:	
Signature:	**Date:**
Name of principal (or nominee):	
Signature:	**Date:**

Who will receive copies of this Student Health Support Plan?

1. Parent or carer:
2. Parent or carer:
3. Other:
4. Other: