

FORM 2 - GENERIC HEALTH CARE MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: _____ 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 – 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 medical practitioner).

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

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

Section C – Medication Instructions

	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 <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>
Storage instructions (Tick appropriate box(es))	Stored at school <input type="checkbox"/>		Stored at school <input type="checkbox"/>		Stored at school <input type="checkbox"/>	
	Kept and managed by self <input type="checkbox"/>		Kept and managed by self <input type="checkbox"/>		Kept and managed by self <input type="checkbox"/>	
	Refrigerate <input type="checkbox"/>		Refrigerate <input type="checkbox"/>		Refrigerate <input type="checkbox"/>	
	Keep out of sunlight <input type="checkbox"/>		Keep out of sunlight <input type="checkbox"/>		Keep out of sunlight <input type="checkbox"/>	
	Other <input type="checkbox"/>		Other <input type="checkbox"/>		Other <input type="checkbox"/>	

Name:	Year:	Form:	Teacher:
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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 medical practitioner).

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

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

Section E –Authority to Act.

This generic health care management and emergency response plan authorises the school staff to follow my/our advice and/or 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/Carer:	Medical Practitioner:
Date:	(At the principal's discretion – See guidelines)
Review Date:	Date:

OFFICE USE ONLY

Date received: / /	Date uploaded on SIS: / /
Is specific staff training required? Yes <input type="checkbox"/> No <input type="checkbox"/> :	Type of training:
Training service provider:	
Name of person/s to be trained:	Date of training:

Complete only relevant sections and return to your child's school.