

Christ Our Holy Redeemer Primary School Medical Management Plan - Template



Inspired by the Spirit, we are a strong community, supporting and leading learners in a safe and inclusive environment.

This template Medical Management Plan (and a Student Health Support Plan) should be developed and must be in place prior to a child commencing attendance at the school, noting that in some cases, with Principal approval there may be an interim Medical Management Plan and Student Health Support Plan if the school is awaiting relevant medical or other information at the time the child commences attendance, and it would not be reasonable to delay a child's attendance in the circumstances. The Medical Management Plan and Student Health Support Plan must be kept together with relevant health records for the child.

The Medical Management Plan must be authorized by the treating medical / health practitioner, reviewed and updated as required including at times when the school requires further advice. A Medical Management Plan must be completed for each student with an identified health care need (not including those with Anaphylaxis as this must be documented in an Individual Anaphylaxis Management Plan).

The child's registered medical / health practitioner must be consulted by parents/guardians in the development of the Medical Management Plan. The advice from the medical / health practitioner must be documented in the Medical Management Plan (signed and dated by the AHPRA registered practitioner).

Where the medical management pertains to a specific condition e.g. epilepsy, a specialist advice service medical management template may be used e.g. Asthma Plan, Diabetes Australia (Victoria), Epilepsy Foundation of Victoria, continence care plan.

All medical management plans should (as relevant to the circumstances) detail the following:

- details of the diagnosed health care need, allergy or relevant medical condition including the severity of the condition and general care requirements
- any current medication prescribed for the child
- the response required from the school in relation to the emergence of symptoms
- any medication required to be administered at school or in response to an acute episode or an emergency
- the response required if the child does not respond to initial treatment
- access to community health services or when to call an ambulance for assistance.

Where required, the Medical Management Plan should be reviewed annually (for example, through a Program Support Group meeting) or when the parent notifies the school that the student's health needs have changed. It should otherwise be reviewed as needed. For example, principals may instigate a review of the health care plan in response to a particular incident or concern.

Student's name:		Photo:
Student's DOB:		Known allergies:
School Name:		School Location:
School E Number:		Phone:
Year level:	Class Cohort:	Date of this plan: Date for review:
Is an interpreter required?		
Has cultural safety and/or cultural support been considered and offered if relevant?		
Parent/carer contact information (1)	Parent/carer contact information (2)	Other emergency contacts (if parent/carer not available)
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Home phone:	Home phone:	Home phone:
Work phone:	Work phone:	Work phone:
Mobile:	Mobile:	Mobile:
Address:	Address:	Address:
Copies of this Medical Management Plan are provided to (e.g. family, school, CECV provider e.g. SCOPE)		
1. Student's Family		
2. Other: _____		
3. Other: _____		
Implications for education and care (indicate all applicable)		
<input type="checkbox"/>	Impact for attendance onsite at school	
<input type="checkbox"/>	Impact on capacity to maintain attention or participate in routine educational activities	
<input type="checkbox"/>	Limitations on mobility or physical activity, requires mobility support	
<input type="checkbox"/>	Personalised Care and Support needs (toileting, feeding etc)	
<input type="checkbox"/>	Requires a Behaviour Support Plan or additional supervision, flight risk, scalability assessment	
<input type="checkbox"/>	Requires communication support or Augmentative and/or Alternative Communication	
<input type="checkbox"/>	Requires complex care (catherisation, STOMA care, tracheostomy care etc)	
<input type="checkbox"/>	Consideration for camps, excursions, incursions or other activities	

	Consideration for transportation
	Other please specify (e.g. work experience/education placement)
Please list each diagnosed condition/s and/or health care need identified by the student's medical/health practitioner and required response or adjustment? (Relevant signs and symptoms of the condition, the severity of the condition, observable behaviours associated with the diagnosis, personalised care and support requirements, activity limitations related to the condition and critical observations/thresholds which indicate need for immediate action, administration of medication or urgent medical attention/ambulance)	
Diagnosed condition	Details of relevant implications and management response
List any current medication(s) prescribed for the child. Please note that in relation to any administration of medication required at school a Medication Authority Form must also be completed and updated as required.	
Name of medication	Medication information/effect/administration advice (nightly, daily etc)
List: <ul style="list-style-type: none"> • any medication required to be administered at school • any medication to be administered for an acute episode or in an emergency • the response required if the child does not respond to initial treatment • when to call an ambulance for assistance 	
Medication	Instructions for administration for an acute episode in response to specific symptoms
Medication	Instructions for Emergency Administration
Please provide any further relevant information to assist the school in supporting the needs of the student at school	

This Medical Management Plan has been developed with my knowledge and input

Name of treating health practitioner/ Hospital URL : _____

AHPRA Registration number: _____

Medical /Health practitioner contact details: _____

Signature: _____ Date: _____

Name of parent/carer or adult/mature minor** student: _____

Signature: _____ Date: _____

***Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age.*

Name of principal (or nominee): _____

Signature: _____ Date: _____

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The 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, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school.