Health support plan

for schools, preschools and childcare services

CONFIDENTIAL

To be completed by the PRINCIPAL, DIRECTOR or HOME-BASED CARE PROVIDER, with the FAMILY and OTHERS as indicated below, for a child or student who requires individual health and personal care support in school, preschool or child care.

This plan should be based on written health care advice from a health professional. It will involve risk assessment for staff in planning for the child or student.

	for the chi	iu or s	tudent.		
Mam	ne of child/student		Date of hirth	,	
NOII			ne (please print)	1	*******
Med	lic Alert nurnber (if relevant)	•••••	Kei	view date	
Fi	st aid				
ls th	ere any individual first aid requirement, other than a	a basi	c first aid response?	☐ Yes	□ No
lf so	, consider and attach as relevant:				
	instructions from the child's/student's doctor				
	training of willing and available personnel (including bad	:k-up)			
	emergency action plan, including for excursions/camps				
	ambulance access				
	issues for other students (eg education sessions; supervision during an emergency)				
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Ro	outine supervision for health-related safe	eťv			
				□ V•••	
	es this child/student need additional supervision for	healt	h-related safety?	☐ Yes	□ No
If so	, consider and attach as relevant:				
	instructions from the child's/student's doctor	П	health service provider details If a care/health worker is involved, write down: who this is, the contact staff member and how, when and where they will provide support.		
	medication plan				
	Identify responsibilities for: delivery, storage, supervision, record keeping				
	 off-site activities 				
	■ reminding, if necessary.				
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