NSW Department of Education

# Health Support Plan

**This template should be used as provided - do not make amendments to the template sections, other than adding additional rows to tables provided, (if required).**

## Section 1: Student profile

| | |
|---|---|
| **Student name** | |
| **Date of birth** | |
| **Class/year group** | |
| **Parent/carer contact name** | |
| **Phone number** | |
| **Emergency contact name** | |
| **Relationship** | |
| **Phone number** | |
| **Special considerations (such as, religion, cultural, legal)** | |

### Overview of health condition

**Select all that apply by checking the box before:**

| | Health Condition | Overview of health condition (including any known triggers) |
|---|---|---|
| ☐ | Anaphylaxis | *Such as, anaphylactic – peanuts/tree nuts* |
| ☐ | Allergy/allergies | *Such as, allergy – list the specific food item, insect or drug allergy* |
| ☐ | Asthma (severe) | *Such as, exercise-induced, weather dependent* |
| ☐ | Epilepsy | *Such as, strobe lights, bright lights, stress-induced* |
| ☐ | Type 1 Diabetes | |
| ☐ | Other | |

### Emergency care/response plan and/or relevant medical documentation (as provided by treating medical team)

**Select all that apply by checking the box before:**

- ☐ Emergency care/response plan
- ☐ Asthma Action plan
- ☐ ASCIA plan GREEN – Allergy
- ☐ Other (letter/report confirming diagnosis and management)
- ☐ ASCIA plan RED – Anaphylaxis
- ☐ Epilepsy Seizure Management plan
- ☐ Diabetes Management plan

**Any emergency care response plan and/or relevant medical plans must be included as an appendix to the Health Support Plan.*

## Administration of medication (during school hours)

*Information recorded for dosage and storage is to be 'as prescribed' by the treating medical practitioner/team. For over the counter and non-prescription medication, the dosage instructions must be recorded as stated on packaging.*

| Name of medication | Dosage | Storage instructions (if applicable) |
|---|---|---|
| | | |
| | | |
| | | |

**A detailed medication schedule and administration instructions should be included in the Health Support Plan (if required).*

### Approval for student to carry their own medication and self-administer (for example, Epipen/Anapen, asthma reliever medication, insulin, enzymes for Cystic Fibrosis)

**Does the student have principal approval to carry their own medication and self-administer?**

☐ Yes ☐ No

**NOTE – Principals **must not approve** students to carry controlled medications (Schedule 8 or Schedule 4D)*

## Contact details for the treating medical team

| Name and role (for example, Doctor, Physiotherapist, Occupational Therapist, Diabetes Education Nurse) | Health service or organisation | Contact number |
|---|---|---|
| | | |
| | | |

### Consent to contact the treating medical team

**Has the parent/guardian provided consent for the school to contact the treating medical team?**

☐ Yes ☐ No

## Consultation

*By completing this section, the Principal acknowledges that consultation has taken place with the relevant parties as identified below.*

### Parent/guardian and, where appropriate, the student

| Name/s of parties consulted | |
|---|---|

**Consultation has taken place:**

| ☐ Yes ☐ No ☐ Not required | Date consulted | Click or tap to enter a date. |
|---|---|---|

## Treating medical team – for example, GP or relevant specialists (if required)

| **Name/s of parties consulted** | |
|---|---|

**Consultation has taken place:**

| ☐ Yes ☐ No ☐ Not required | Date consulted | Click or tap to enter a date. |
|---|---|---|

## School staff and other department staff* (as needed)

| **Name/s of parties consulted** | |
|---|---|

**Consultation has taken place:**

| ☐ Yes ☐ No ☐ Not required | Date consulted | Click or tap to enter a date. |
|---|---|---|

**Department staff may include advisors from relevant teams within the department, including but not limited to Team Around a School and/or Complex health support.*

## Important information for school staff

*Information in the Health Support Plan and Emergency Care Response Plans are specifically designed to meet the needs of the individual student named and must not be applied to any other student, even if they have similar health conditions or emergency care needs.*

*The NSW Department of Education is subject to the Health Records and Information Privacy Act 2002.*

*When handling these plans, staff must take care to maintain confidentiality and privacy, ensuring that information about the student is treated sensitively and shared only with those who need to know in order to support the student's health and safety.*

*The information on this form is used to support the health and safety of students, staff and visitors to the school. It may be disclosed to external parties such as medical practitioners, health workers (including ambulance officers and nurses), government departments or other schools (government and non-government) only when the disclosure is for this primary purpose or a directly related purpose, or as required by law.*

*This form must be stored securely at the school. If the student transfers to another school, the Health Support Plan and Emergency Care Response Plan may be securely shared with the new school to ensure continuity of care. This transfer of information will be managed in accordance with relevant legislation and department policies.*

## Section 2: Action plan

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|---|---|
| **Health condition/s summary** | [Use this space to unpack the health condition/s and what the student is able to do independently (under staff supervision).<br>If the student is taking any ongoing medication at home that does **not** require administration at school, this could be noted here as a record for medical services in the event of an emergency (if parents would like this to be noted).] |

| **Health issue/need** *(describe what is needed for example, glucose monitoring, seizure management)* | **Procedure for health support** *(describe the steps required to implement the health support)* | **Staff trained to provide health support** *(identify staff responsible by name/not position)* | **Escalations and emergency responses** *(describe what to do when/if the routine plan does not go as expected)* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Note:** If any of the staff members listed above leave the school, change roles or are otherwise unavailable, the principal or their delegate must ensure that another appropriately trained staff member is designated to provide the required health support.

## Sign off

By signing below, you acknowledge that you have read and understood the contents of this Health Support Plan and consent to the school implementing the plan to support your child's health and wellbeing. You also acknowledge your responsibility to provide the school with up-to-date health information about your child to ensure the plan remains complete and accurate.

| | | |
|---|---|---|
| **Name of parent/guardian:** | **Signature:** | **Date:** Click or tap to enter a date. |
| **Name of principal/delegate:** | **Signature:** | **Date:** Click or tap to enter a date. |

## Annual review

| | |
|---|---|
| **This plan will be reviewed on:** | Click or tap to enter a date. |

## Notes

*Health Support Plans should be reviewed at least annually. A review should also take place when a parent notifies the school that the student's health needs have changed, or after an emergency response. Principals can also instigate a review of the Health Support Plan at other times.*