# Medical Management Plan

## Instructions

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

* details of the diagnosed health care need, personalised 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 explicit advice for requesting an ambulance for assistance.

The Medical Management Plan is to be reviewed in line with the requirements outlined in the Medical Management Policy.

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| [insert school name] Medical Management Plan  |
| Student Name | Insert photo of student |
| Student’s Date of Birth |
| Year level: |
| Class cohort: |
| Date of this Plan | Date for review (minimum annual review) |
| Is an interpreter required [ ]  Yes [ ]  No |
| Has cultural safety and/or cultural support been considered and offered if relevant [ ]  Yes[ ]  NoComment (if required) |
| Parent/Guardian/Carer Contact 1 | Parent/Guardian/Carer Contact 2 |
| Name | Name |
| Relationship | Relationship |
| Home phone | Home phone |
| Work phone | Work phone |
| Mobile | Mobile |
| Email | Email |
| Address | Address |
|  |  |
| Emergency contact (if parent/guardian/carer is not available) |
| Name |  |
| Relationship |  |
| Home phone |  |
| Work phone |  |
| Mobile |  |
| Address |  |
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| Circulation of the Medical Management PlanCopies to be provided to |
| [ ]  Student’s family | [ ]  Other (please list) | [ ]  Other (please list) |
| Implications for education and care (indicate all applicable) |
|  | Impact on attendance onsite at school |
|  | Impact on capacity to maintain attention or participate in routine educational activities |
|  | Limitations on mobility or physical activity, requires mobility support |
|  | Personalised care and support needs (e.g., toileting, feeding, suctioning etc.) |
|  | Requires a Behaviour Support Plan, Safety Plan, or additional supervision, e.g., flight risk, scalability assessment |
|  | Requires communication support or Augmentative and/or Alternative Communication |
|  | Requires complex care (e.g., catherisation, STOMA care, tracheostomy care, etc) |
|  | Consideration for camps, excursions, incursions and/or other activities of the school |
|  | Consideration for transportation |
|  | Other – please specify (e.g., work experience / education placement) |

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| 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** |
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| List any current medication(s) prescribed for the student. Please note that for the administration of any prescribed or over-the-counter medication required at school, a Medication Authority Form must also be completed and updated as required.List:any medication required to be administered at schoolany medication to be administered for an acute episode or in an emergencythe response required if the child does not respond to initial treatmentwhen to call an ambulance for assistance |
| **Name of medication** | **Medication information/effect/administration advice (nightly, daily etc)** |
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| **Name of medication** | **Instructions for administration for an acute episode in response to specific symptoms** |
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| **Name of medication** | **Instructions for emergency administration** |
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| Please provide any further relevant information to assist the school in supporting the needs of the student at school  |
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| Declaration |
| This Medical Management Plan has been developed with my knowledge and input. |
| Date |  |
| Name of treating AHPRA\*\* registered health practitioner |  |
| Hospital URL |  |
| AHPRA registration number |  |
| **Medical practitioner contact details** |
| Address |  |
| Email |  |
| Telephone |  |
| Signature of practitioner |  |
| Date |  |
| **Parent/Guardian/Carer details or Mature minor\*** |
| Name of parent/guardian/ carer |  |
| Signature |  |
| Date |  |
| Name of parent/guardian/ carer |  |
| Signature |  |
| Date |  |
| **Principal details** |
| Name of principal (or nominee) |  |
| Signature |  |
| Date |  |

\**Mature minor is a student who is determined by the principal to be a mature minor and who is capable of making their own decisions on a range of issues before the age of 18 years.*

*\*\** Australian Health Practitioner Regulation Agency <https://www.ahpra.gov.au/>

**Privacy Statement**

The school collects personal information so as the school can plan and support the health care needs of the student. Without 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 can request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school.

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| **Approval authority** | Director, Learning and Regional Services |
| **Approval date** | 16 August 2023 |
| **Next review** | Feb 2026 |
| **Publication details** | CEVN |