KNOWN MEDICAL CONDITION RESPONSE PLAN

Instructions

This plan is required for any student with a known medical condition, short or long term, that:

- *requires intervention i.e. the administration of medication or other support; and/or*
- *could lead to a medical emergency.*

Section D may be replaced by a condition specific management plan e.g. asthma, diabetes, epilepsy and/or anaphylaxis available from relevant associations or treating medical practitioners. If a student requires a more detailed Known Medical Condition Response Plan this should be referred to the student's qualified health professional to prepare.

This plan must be reviewed annually. Parents/carers must inform the school immediately if there are any changes to the plan.

Section A – Personal Details (please fill in clearly)

Student's Name		**Date of Birth**		**Gender**	M ☐ F ☐
School		**School Year**			
Parent/Carer Name		**Address**			
Telephone Contact	**Home**	**Business**		**Mobile**	
Emergency Contact 1		**Telephone**			
Emergency Contact 2		**Telephone**			
Name of Qualified Health Professional		**Telephone**			

Section B – Management Approach and Medication

Student can self-manage care?	Yes ☐	No ☐
School staff assistance is required?	Yes ☐	No ☐
Student is presently taking medication?	Yes ☐*	No ☐
*Please complete and attach a *Medication Authorisation and Administration Record* form		

Section C – Parent/Carer Authorisation

1. I give permission for my child to:
   a. be treated by school staff in accordance with this plan if required;
   b. be identified by section D which includes a photograph of my child and treatment information to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered appropriate.
2. As a parent/carer I will notify you immediately of any change to this plan and provide a reviewed version.
3. I understand that I am responsible for any ambulance costs outside the ACT.

Parent/Carer Signature		Date	

Qualified Health Professional Endorsement - I am aware of, and support, the health care treatment/actions outlined in Section D of this form.

Qualified Health Professional Name		Title	
Qualified Health Professional Signature		Date	

Principal/Delegate Agreement - I am aware of, and support, the health care treatment/actions outlined in Section D of this form.

Principal/Delegate Name		Title	
Principal/Delegate Signature		Date	

Support Staff/Authorised Person Agreement - I agree to undertake the relevant health care treatment/actions outlined in Section D of this form. I understand the instructions and/or have received appropriate training for the health care treatment/actions.

Support Staff Name/s		Title	

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Support Staff Signature/s		Date	

Section D – Known Medical Condition Response Plan

Please download the relevant condition specific management plan or a more detailed *Known Medical Condition Response Plan* if your child has:

- Diabetes -Diabetes NSW & ACT-School Diabetes Action and Management Plans
- Asthma - National Asthma Council Australia Website
- Anaphylaxis - Australia Society of Clinical Immunology and Allergy Website
- Epilepsy - Epilepsy Action Australia Website (register and call 1300374537 for free access)

Student Name	
Medical Condition	

Detail the student's usual symptoms, triggers and the action that is typically taken:

Detail any regular procedures that need to occur at school (including the role of support staff) i.e. supervision, giving medication, perform a task for student.

Clear signs that indicate Emergency Treatment needed:

Emergency Treatment Actions

Step 1:

Step 2:

Step 3:

Call ambulance when student:

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

Office Use Only					
Student Central ID		Entered into MAZE	☐	Date	