

**Name of school here**

School  
crest here

## Individual Health Plan

**Student's Name:**

**School Year:**

**DOB:**

**Teacher/ Year Coordinator:**

**Diagnosis:**

**Description:**

Insert photo

(School to supply)

**Common Presenting Symptoms:**

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- 
- 

**How might these symptoms impact on student's learning?**

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## How might these symptoms impact on student's learning?

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## How should student's condition be monitored?

- If you observe changes in any of the following symptoms please alert the front office staff and escort \_\_\_\_\_ to the sick bay:
  - 1.
  - 2.
  - 3.
  - 4.

## In the event of a medical emergency:

- Front office staff will notify student's parent/carer and call an ambulance.
- Health Plan and any reports will be sent with student
- \_\_\_\_\_ will manage his own medication under supervision. Medication can be kept in a secure place in the office.

## Emergency Contacts:

### Parent/Carers:

1. Name: \_\_\_\_\_  
Home # \_\_\_\_\_ Work# \_\_\_\_\_ Mobile# \_\_\_\_\_

2. Name: \_\_\_\_\_  
Home # \_\_\_\_\_ Work# \_\_\_\_\_ Mobile# \_\_\_\_\_

### *Other Emergency Contact if parent/carer is unavailable:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. # \_\_\_\_\_

GP: \_\_\_\_\_ Telephone# \_\_\_\_\_

Paediatrician: \_\_\_\_\_ Telephone# \_\_\_\_\_

Occupational Therapist: \_\_\_\_\_ Telephone# :

Physiotherapist: \_\_\_\_\_ Telephone#: