### Individual Health Plan

<table>
<thead>
<tr>
<th>Diagnosis:</th>
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<tbody>
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<td>Description:</td>
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<th>Common Presenting Symptoms:</th>
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<tbody>
<tr>
<td>How might these symptoms impact on student’s learning?</td>
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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#: 

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