

FORM: Individual Health Care Plan



Student's name:			
Date of birth:			
Health condition(s): (if anaphylactic, also list allergens)			
Medication at school:			
Storage location:			
Medication dose:			
Time to be taken:			
Start date:		Finish Date:	
Parent/carer contact:	Parent information (1) Name(s): Relationship to child: Mother Address: Home phone: Work phone: Mobile phone:	Parent information (2) Name(s): Relationship to child: Father Address: Home phone: Work phone: Mobile phone:	
Other emergency contacts (if parent unavailable)	Name(s): Relationship to child: Address: Home phone: Work phone: Mobile phone:		
Medical practitioner contact:	Name: Address: Phone: Email (if known):	Mobile (if known): Fax (if known):	
Emergency care provided at school:			

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Strategies for specific activities:

Risk	Strategy to eliminate or minimise risk	Who is responsible for implementation?

The following individual health care plan has been developed with my knowledge and input and will be reviewed next year on (insert date of proposed review).

Signature of parent/carer: Date

Signature of principal or delegate: Date