



**GENERAL HEALTH CARE MANAGEMENT & EMERGENCY RESPONSE PLAN**

<b>NAME:</b>	<b>DATE OF BIRTH:</b>	<b>YEAR:</b>
<b>Health condition (Name of your child's health condition or need) –</b>		
<b>Daily management planning (if required):</b>		
<b>Emergency Response Plan (if required) – To be completed by parent/caregiver and/or medical practitioner</b>		
<b>3. Staff Training Requirements</b>		
Is specific training for staff required to manage your child's condition or needs?		
A. For Daily management?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, please give details:
B. In an emergency?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, please give details:

## ST BERNADETTE'S CATHOLIC PRIMARY SCHOOL

<b>3. Medication instructions (Note: Medications to be provided by the parent/caregiver)</b>						
	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist’s label						
Duration (dates)	From: To:		From: To:		From: To:	
Route of administration						
Administration Tick appropriate box	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>4 Authority to Act.</b>						
This general health care management and emergency response plan authorises the school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my child’s health care requirements.						
Parent:			Medical Practitioner(if required):			
Date:			Date:			
Review date:			Correction Factor			
<b>OFFICE USE ONLY</b>						
Date received:			Date uploaded to SEQTA:			
Is specific staff training require YES <input type="checkbox"/> NO <input type="checkbox"/>			Type of training			
Training service provider:						
Name of person’s to be trained:			Date of training:			
<b>When completed, add to student file.</b>						