



Individual Care Plan for _____

Students Name		Date of Birth
Parent/Guardian Name	Mobile Number	Relationship
Parent/Guardian Name	Mobile Number	Relationship
Emergency Contact	Mobile Number	Relationship

Medical Details

Please attach doctor's prescription and medical report

Description of condition:	Date/Age diagnosed	Mild/Moderate/Severe

Treatment: (signs and symptoms, medication, etc.)

Care needs at school: (physical assistance, participation in sport, emotional health and wellbeing support, etc.)

School held medication/information *(please attach doctor's prescription and medical report)*

Parents need to supply additional supplies of medication for the school clinic in the event of emergency and loss of hand-held medication (if prescribed). No student should be carrying medication without the prior knowledge of the school nurse. Students' emergency medication will be stored in the school clinic in an accessible place to be used in emergencies only. It is the parents' responsibility to update the school nurse with any medical details and healthcare requirements during the school year.

Should _____ need medication administering with no school nurse present, I give permission for any of the adults working with them to administer medication as prescribed. This will be done in their capacity as a responsible adult rather than a qualified medical practitioner. First aiders will have been given instruction by the school nurse prior to any trip/activities.

Parent's Full Name (please print)	Parent's Signature	Date
Nurse's Full Name (please print)	Nurse's Signature	Date