FORM 10 – EMERGENCY RESPONSE PLAN FOR A STUDENT WITH SPECIAL NEEDS

Note: This form is to be used for specifying the emergency action plan required for special needs students with multiple condition.

Student details

Name:	**Date of birth:**	**Year:**	☐ Day student ☐ Boarding student

Medicare card details:

Health care card details: ☐ Not applicable

Parent/Carer details

Parent/Carer name:

Parent/Carer phone number:

Parent/Carer address:

Medical practitioner(s) details

Medical practitioner:

Medical practice phone number:

Specialist:

Specialist phone number:

Specialist centre/hospital:

Specialist centre/hospital address:

Section A: Health condition(s), diagnoses, and needs

Diagnosis	**Medic Alert**	**Diagnosis**	**Medic Alert**
	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No

Section B: Daily health care routines

Please list steps involved to manage the activity. For example: Catheterisation – Care of in-dwelling catheter

Routine	**Required**	**Comments**
Communication	☐ Yes ☐ No	
Diet or feeding	☐ Yes ☐ No	
Toileting	☐ Yes ☐ No	
Transportation	☐ Yes ☐ No	
Classroom activities	☐ Yes ☐ No	
Behaviour	☐ Yes ☐ No	
Other:	☐ Yes ☐ No	
Other:	☐ Yes ☐ No	

Section C: Medical history

Date details provided:

Section D: Medication instructions *(if required)*		*Note: medication must be provided by parents/carers AND daily medication must be Webster packed*	
	Medication 1	**Medication 2**	**Medication 3**
Name of medication			
Expiry date			
Dose			
Time(s) or frequency			
Duration *(dates medication is required)*	Start: End:	Start: End:	Start: End:
Route of administration	☐ Oral ☐ Injection ☐ Topical ☐ Other:	☐ Oral ☐ Injection ☐ Topical ☐ Other:	☐ Oral ☐ Injection ☐ Topical ☐ Other:
Administration	☐ By self ☐ Requires assistance	☐ By self ☐ Requires assistance	☐ By self ☐ Requires assistance
Storage instructions	☐ Stored at school ☐ Kept & managed by self *(Emergency medication only - EpiPen, Ventolin, etc.)*	☐ Stored at school ☐ Kept & managed by self *(Emergency medication only - EpiPen, Ventolin, etc.)*	☐ Stored at school ☐ Kept & managed by self *(Emergency medication only - EpiPen, Ventolin, etc.)*
Storage conditions	☐ Keep out of sunlight ☐ Refrigerate ☐ Other:	☐ Keep out of sunlight ☐ Refrigerate ☐ Other:	☐ Keep out of sunlight ☐ Refrigerate ☐ Other:

Section E: Emergency action plan(s) *Please list for each relevant diagnosis and attach relevant plan(s)*

Section F: Equipment
Mobility:
Health care supplies:
Assisted technology:
Other relevant information:

When complete, please attach the student health care summary form to the front of this document and return to your child's school.

OFFICE USE ONLY	
Date received:	Date uploaded on SIS:
Medication storage location:	
Is specific staff training required? ☐ Yes ☐ No	
Type of training:	
Training service provider:	
Name of person/s to be trained:	
Date of training:	