



Medical Management Plan



Instructions

All medical management plans should (as relevant to the circumstances) detail the following:

- details of the diagnosed health care need, personalised care need, allergy or relevant medical condition including the severity of the condition and general care requirements
- any current medication prescribed for the child
- the response required from the school in relation to the emergence of symptoms
- any medication required to be administered at school or in response to an acute episode or an emergency
- the response required if the child does not respond to initial treatment
- access to community health services or explicit advice for requesting an ambulance for assistance.

The Medical Management Plan is to be reviewed in line with the requirements outlined in the Medical Management Policy.

Medical Management Plan	
Student Name	Insert photo of student
Student's Date of Birth	
Year level:	
Class cohort:	
Date of this Plan	Date for review (minimum annual review)
Is an interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has cultural safety and/or cultural support been considered and offered if relevant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comment (if required)	
Parent/Guardian/Carer Contact 1	
Name	
Relationship	
Home phone	
Work phone	
Mobile	
Email	
Address	
Parent/Guardian/Carer Contact 2	
Name	
Relationship	
Home phone	
Work phone	
Mobile	
Email	
Address	

Emergency contact (if parent/guardian/carer is not available)	
Name	
Relationship	
Home phone	
Work phone	
Mobile	
Address	

Circulation of the Medical Management Plan		
Copies to be provided to		
<input type="checkbox"/> Student's family	<input type="checkbox"/> Other (please list)	<input type="checkbox"/> Other (please list)
Implications for education and care (indicate all applicable)		
	Impact on attendance onsite at the College	
	Impact on capacity to maintain attention or participate in routine educational activities	
	Limitations on mobility or physical activity, requires mobility support	
	Personalised care and support needs (e.g., toileting, feeding, suctioning etc.)	
	Requires a Behaviour Support Plan, Safety Plan, or additional supervision, e.g., flight risk, scalability assessment	
	Requires communication support or Augmentative and/or Alternative Communication	
	Requires complex care (e.g., catheterisation, STOMA care, tracheostomy care, etc)	
	Consideration for camps, excursions, incursions and/or other activities of the College	
	Consideration for transportation	
	Other – please specify (e.g., work experience / education placement)	

Please list each diagnosed condition/s and/or health care need identified by the student's medical/health practitioner and required response or adjustment.
 (Relevant signs and symptoms of the condition, the severity of the condition, observable behaviours associated with the diagnosis, personalised care and support requirements, activity limitations related to the condition and critical observations/thresholds which indicate need for immediate action, administration of medication or urgent medical attention/ambulance)

Diagnosed condition	Details of relevant implications and management response

List any current medication(s) prescribed for the student. Please note that for the administration of any prescribed or over-the-counter medication required at the College, a Medication Authority Form must also be completed and updated as required. List:

- any medication required to be administered at the College
- any medication to be administered for an acute episode or in an emergency
- the response required if the child does not respond to initial treatment
- when to call an ambulance for assistance

Name of medication	Medication information/effect/administration advice (nightly, daily etc)
Name of medication	Instructions for administration for an acute episode in response to specific symptoms
Name of medication	Instructions for emergency administration

Please provide any further relevant information to assist the College in supporting the needs of the student at the College

Declaration	
This Medical Management Plan has been developed with my knowledge and input.	
Name of treating AHPRA** registered health practitioner	
Hospital URL	
AHPRA registration number	
Date	
Medical practitioner's name	
Address	
Email	
Telephone	
Medical practitioner's signature	
Date	
Parent/guardian/ carer's name or mature minor's name	
Signature	
Date	
Name of parent/guardian/ carer	
Signature	
Date	
College Principal or delegate's name	
Signature	
Date	

**Mature minor is a student, who is determined by the College Principal to be a mature minor and, who is capable of making their own decisions on a range of issues before the age of 18 years.*

** Australian Health Practitioner Regulation Agency <https://www.ahpra.gov.au/>

Privacy Statement

The College collects personal information so as the College can plan and support the health care needs of the student. Without provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant College staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or

required by another law. You can request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the College.

Approval authority	Director, Learning and Regional Services
Approval date	16 August 2023
Next review	Feb 2026
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