



## Medical Management and Emergency Treatment Plan

This record is to be completed by parents/carers annually, and if necessary, in consultation with the student's doctor (Health Practitioner). Parents/carers should update the College immediately if there are any changes to the plan. Please enter your answers in the blank spaces where indicated.

The College collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998*. Parents/carers note that in the absence of a *Medical Management and Emergency Treatment Plan* only standard First Aid should be administered.

### Section A – Personal Details

Student's Name: _____		
Home Room: _____	Year Level: _____	Date of Birth: _____
<b>Emergency Contact: (e.g. parent, carer):</b>		
<b>1. Parent/Guardian</b>		
Name: _____	Phone (Home) _____	
Relationship: _____	Work/Mobile: _____	
<b>2. Name:</b> _____		
Relationship: _____		Phone (Home) _____
Health Practitioner: _____		Phone _____
Address: _____		

**WE MUST BE ABLE TO REACH THE ABOVE EMERGENCY CONTACTS AT ALL TIMES**

### Section B – Medical Details

The student **does not** currently have a medical condition. **Go to Section D.**

The student has the following medical condition/s:

*\*Note: HIGH risk applies to severe conditions that could put life at risk (e.g. Diabetes, Anaphylaxis, Severe Asthma, Epilepsy).*

**Medical Condition I**    LIFE THREATENING\*    SEVERE\*    MILD    INFORMATION ONLY

*\*If "LIFE THREATENING" or "SEVERE" risk is ticked, then a Medical Management Plan must be included.*


*(Continued over page)*

**Medical Condition 2**  LIFE THREATENING\*  SEVERE\*  MILD  INFORMATION ONLY  
\*If "LIFE THREATENING" or "SEVERE" risk is ticked, then a Medical Management Plan must be included.


## Section C – Emergency Treatment Plan

In an **Emergency** follow the Plan below that has been ticked ().

**Emergency Treatment Plan** (If insufficient space please attach additional information.)


**OR**

**My Child's Medical Management and Emergency Treatment Plan** provided by their Doctor is attached (compulsory for LIFE THREATENING or SEVERE risk conditions).

## Section D – Administration of Prescribed Medication

**Schools must have written medical authorisation from a prescribing health practitioner to administer any medication to students.** This includes over-the-counter medications such as paracetamol or alternative medicines. All medication (prescription or otherwise) must be provided in the original pharmacy labelled container with the student's name, dosage and time/s to be taken. If your child requires medication whilst at school or at a school event, please fill out the **'Request to Administer Medication Form'** (separate to this document) and return to Student Services.

## Section E – Administration of Paracetamol

Schools require written permission from parents/carers to administer one dose of paracetamol by a First Aid Officer to a student whilst at school or at a school event if deemed necessary as part of a basic First Aid plan. The school will then notify the emergency contact (listed in Section A) to advise that paracetamol has been administered. For students 12 years and older, one dose is 500 to 1000mg of paracetamol tablets.

## Section F – Permission

I **give / do not give** permission for my/our child.....  
to be treated by staff at the College, in an emergency, using the preferred Medical Management and  
Emergency Treatment Plan as outlined above, or with basic First Aid if no plan has been provided.

I **give / do not give** permission for my/our child .....  
to be given one dose of paracetamol by a First Aid Officer whilst at school or at a school event if it is  
deemed necessary as part of a basic First Aid plan.

As a parent/carer I will notify you in writing immediately if there are any changes to these instructions.

**SIGNED:** .....

**DATED:** .....

**PARENT/**

**CARER NAME:** .....