Melbourne Archdiocese
Catholic Schools
Medical Management Plan

ST CATHERINE OF SIENA
Catholic Primary School
Armstrong Creek

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.

St Catherine of Siena Catholic Primary School 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 ☐ Yes ☐ No	
Has cultural safety and/or cultural support been considered and offered if relevant ☐ Yes☐ No Comment (if required)	

Parent/Guardian/Carer Contact 1	Parent/Guardian/Carer Contact 2
Name	Name
Relationship	Relationship
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile
Email	Email
Address	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		
☐ Student's family	☐ Other (please list)	☐ Other (please list)

Implications for education and care (indicate all applicable)	
	Impact on attendance onsite at school
	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., catherisation, STOMA care, tracheostomy care, etc)
	Consideration for camps, excursions, incursions and/or other activities of the school
	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 school, a Medication Authority Form must also be completed and updated as required. List: any medication required to be administered at school 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 school in supporting the needs of the student at school	

Declaration	
This Medical Management Plan has been developed with my knowledge and input.	
Date	
Name of treating AHPRA** registered health practitioner	
Hospital URL	
AHPRA registration number	
Medical practitioner contact details	
Address	
Email	
Telephone	
Signature of practitioner	
Date	
Parent/Guardian/Carer details or Mature minor*	
Name of parent/guardian/ carer	
Signature	
Date	
Name of parent/guardian/ carer	
Signature	
Date	
Principal details	
Name of principal (or nominee)	

Signature	
Date	

**Mature minor is a student who is determined by the 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 school collects personal information so as the school 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 school 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 school.