



## STUDENT ASTHMA SUPPORT PLAN

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done so via an Anaphylaxis Management Plan. This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and student.

School:		Phone:
Student's name:		Date of birth:
Year level:		Proposed date for review of this Plan:
Parent/carer contact information (1)	Parent/carer contact information (2)	Other emergency contacts (if parent/carer not available)
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Home phone:	Home phone:	Home phone:
Work phone:	Work phone:	Work phone:
Mobile:	Mobile:	Mobile:
Address:	Address:	Address:
School asthma plan is attached <input type="checkbox"/>		
Medical /Health practitioner contact:		
List who will receive copies of this <i>Student Health Support Plan</i> :		
1. Student's Family    2. Other: _____    3. Other: _____		
The following <i>Student Health Support Plan</i> has been developed with my knowledge and input		
Name of parent/carer: _____ Signature: _____ Date: _____		
Name of principal (or nominee): _____ Signature: _____ Date: _____		
<small>Privacy Statement: The school collects personal information so as the school can plan and support the health care needs of the student. Without the 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 are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.</small>		

# How the school will support the student's health care needs

Support	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
Overall support	<i>Details of inhalers and spacers:</i>	
	<p><i>Can the student use the inhaler/spacer on their own</i></p> <p><i>If not what support do they need?</i></p>	
	<p><i>Who will provide the support:</i></p> <p><i>First aid trained staff</i></p>	Nicole Gardner Mary Lister Natasha Ubrihien Michelle Jones Sarah Price Pete Trimble Sam Cheshire Sue Higgins Chris Borcek Kathy Braysmith
First Aid	<p><i>First aid trained staff</i></p> <p><i>In the case of an emergency any member of staff will follow the asthma action plan provided by the parents. All staff will be trained to assess and manage an asthma emergency and complete the one hour Asthma Education session every 3 years</i></p> <p><i>All excursions and camps will have at least one Level 2 First Aid trained staff member in attendance</i></p>	
Routine Supervision for health-related safety	<p><i>Parent/carer is aware of the School's policy on medication management.</i></p> <p><i>The medication log will be completed by the person administering the taking of the medication.</i></p>	Nicole Gardner Mary Lister Natasha Ubrihien In their absence a Level 2 first aider or a member of the Leadership team