



# Non-specific Health Care Plan

for education and care

## CONFIDENTIAL

To be completed by the treating medical professional and parent or legal guardian for a child or young person requiring additional care or supervision related to their physical or mental health and wellbeing.  
(Note: other proformas are available for more specific health care plans)  
This information is confidential and will be available only to relevant staff and emergency medical personnel.

*Affix photo of child / young person*

**Name of child/young person:**

**DOB:**

**MedicAlert #:**

**Date developed:**

**Review date:**

**Allergies:**

### DESCRIPTION OF THE CONDITION

It is not necessary to provide a full medical history. Education and care staff only need to know information relevant to the child or young person's attendance, learning and wellbeing in education and care settings.

### IMPLICATIONS FOR EDUCATION AND CARE SETTINGS

Only include information that is relevant for supervising staff to teach and care for the child or young person (for example):

<input type="checkbox"/>	Impact on capacity to attend and participate in routine learning activities
<input type="checkbox"/>	Limitations on physical activity
<input type="checkbox"/>	Need for rest and/or privacy
<input type="checkbox"/>	Need for additional emotional support
<input type="checkbox"/>	Behaviour management plan
<input type="checkbox"/>	Considerations for camps, excursions, social outings

Provide details

**DESCRIPTION OF WARNING SIGNS, TRIGGERS, CIRCUMSTANCES AND RECOMMENDED RESPONSE**

Blank area for description of warning signs, triggers, circumstances and recommended response.

**ADDITIONAL INFORMATION**

Blank area for additional information.

**AUTHORISATION AND AGREEMENT**

*(To be signed after form has been completed)*

The following settings have been considered in the development of the health care plan and is appropriate for use in the following:

<input type="checkbox"/>	Children's centre, preschool or school	<input type="checkbox"/>	Childcare, Out of School Hours Care
<input type="checkbox"/>	Camps, excursions, special event, transport (incl. aquatics)	<input type="checkbox"/>	Work experience or other education placement
<input type="checkbox"/>	Respite, accommodation	<input type="checkbox"/>	Work
<input type="checkbox"/>	Transport	<input type="checkbox"/>	Other (specify)

*Treating medical professional*

(name)	(professional role)
(address)	(telephone)
(signature)	(date)

*Parent or legal guardian; or adult student*

- I understand and agree with the health care plan as indicated above
- I approve the release and sharing of this information to supervising staff and emergency medical staff (if required).
- I understand staff may seek additional information and/or advice regarding the medical information contained in the individual first aid plan from the Access Assistant Program (AAP) to inform duty of care.

(name)	(relationship)
(signature)	(date)