

FORM 10 - EMERGENCY RESPONSE PLAN FOR A STUDENT WITH SPECIAL NEEDS

This form is to be used for specifying the emergency action plan required for special needs students with multiple conditions

Student Details

School:	Year:	Form:	Insert Photo Here
Name:	Date Of Birth:		
Medical Practitioner:	Parent/Carer:		
Medical Practice Telephone:	Parent/Carer Telephone:		
Specialist:	Parent Carer Address:		
Specialist Telephone No:	Medicare Card No:		
Specialist Centre/Hospital:	Health Care Card: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Specialist Centre/Hospital Address:	Health Care Card No:		

Section A – Health Conditions/Needs: Diagnosis(S): List Below

	Medic Alert		Medic Alert
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Section B – Daily Health Care Routines

Routine	Required	Comments
Communication	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diet Or Feeding	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Toileting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Transportation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Classroom Activities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Behaviour	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section C –Medical History

Date: / /

NAME: _____ SCHOOL: _____ DOB: _____

Section D – Medication Records - To be completed in collaboration with the principal and parent/carer

Medication E.g., Insulin	Expiry Date	Dose/ Frequency	Route Of Administration	Name Of Administrator	Storage Place
					Stored at school Refrigerate Keep out of sunlight <input type="checkbox"/>
					Stored at school Refrigerate Keep out of sunlight <input type="checkbox"/>
					Stored at school Refrigerate Keep out of sunlight <input type="checkbox"/>
					Stored at school Refrigerate Keep out of sunlight <input type="checkbox"/>

Section E: Emergency Action Plan(S)
 (Please list for each relevant diagnosis and attach relevant plan(s))

Section F – Equipment

Mobility:

Health Care Supplies:

Assisted Technology: E.G. Walker, Wheel chair, Communication Device, Oxygen Tank

Other Relevant Information:
