General Health Information

for education, child/care and community support services

CONFIDENTIAL

To be completed by the TREATING HEALTH PROFESSIONAL (general practitioner, psychiatrist, psychologist) and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT for a person requiring additional care/supervision related to his or her general mental and/or physical health and well-being. Other proformas are available for more specific health care plans.

Name of child/student/client _____ Date of birth _____
Family name (please print) First name (please print)

MedicAlert Number (if relevant) _____ Date for next review _____

Description of the condition

It is not necessary to provide a full medical history. Staff members only need to know information relevant to the person's attendance, learning and well-being in education, childcare or community support services.

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Implications for education and care settings

Please include only information that supervising staff need to teach and care for this person, for example:

- ☐ Impact on capacity to attend and participate in routine learning activities
- ☐ Limitations on physical activity
- ☐ Need for rest/privacy
- ☐ Need for additional emotional support
- ☐ Behaviour management plan
- ☐ Considerations for camps, excursions, social outings

Please provide details _____

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Description of any warning signs, triggers or circumstances and recommended responses.

Additional information

This plan has been developed for the following services/settings:

- ☐ School/education
- ☐ Childcare
- ☐ Respite/accommodation
- ☐ Transport
- ☐ Outings/camps/holidays/aquatics
- ☐ Work
- ☐ Home
- ☐ Other *(please specify)* _____

AUTHORISATION AND RELEASE

Health professional _____ Professional role _____

Address _____

_____ Telephone _____

Signature _____ Date _____

I have read, understood and agreed with this plan and any attachments indicated above.
I approve the release of this information to supervising staff and emergency medical personnel.

Parent/guardian
or adult student/client _____ Signature _____ Date _____
Family name (please print) First name (please print)