

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.

Implications for education and care settings

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

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

Please provide details _____
