

# Individual health care plan



**St Peter's**  
CATHOLIC PRIMARY SCHOOL

The Corporation of the Trustees of the  
Roman Catholic Archdiocese of Brisbane  
CRICOS Provider Number 032636

Student's name:			
Student's class:			
Date of birth:			
Health conditions: (if anaphylactic, also list allergens)			
Medication at school:			
Storage location:			
Medication dose:			
Time to be taken:			
Start date:		Finish date:	
Parent contact:	<b>Parent information (1)</b> Name(s): Relationship to child: Address:  Home phone: Work phone: Mobile phone:	<b>Parent information (2)</b> Name(s): Relationship to child: Address:  Home phone: Work phone: Mobile phone:	
Other emergency contacts (if parent unavailable)	<b>Name(s):</b> Relationship to child: Address:  Home phone: Work phone: Mobile phone:		
Medical practitioner contact:	<b>Name:</b> Address: Phone: Email (if known):	Mobile (if known): Fax (if known):	
Emergency care provided at school:			

Approver: Manager – Health and Safety Services

Issue date: 06/07/2020

Next review date: 06/07/2023

Strategies for specific activities:

(these may include swimming, excursions, camps, sporting events)

<b>Risk</b>	<b>Strategy to eliminate or minimise risk</b>	<b>Who is responsible for implementation?</b>

The following individual health care plan has been developed with my knowledge and input and will be reviewed at the start of the next school year, or as required.

Signature of parent/carer: ..... Date .....

Signature of principal or delegate: ..... Date .....

**Authorisation to contact medical practitioner**



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My child (student's name) .....  
is currently enrolled or applying for enrolment at St Peter's Catholic Primary School,  
Caboolture.

I understand that the school may need to discuss the implications of my child's medical  
condition so that the school can support my child during school hours and during  
activities conducted under the auspices of the school.

I hereby give my permission for the school to contact my child's medical practitioner to  
obtain necessary information.

<p><i>Medical practitioner information:</i></p> <p>Name: .....</p> <p>Address: .....</p> <p>Phone: .....</p> <p>Mobile (if known): .....</p> <p>Email (if known): .....</p> <p>Fax (if known): .....</p>
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I understand the information so disclosed may be discussed by the principal of the  
school with other members of the school staff, as is necessary, enabling staff to care for  
my child.

Signed: (Parent/Guardian) .....

Date: .....