2025

Only complete this form if there is no ASCIA Action Plan available for your child



LIWARA CATHOLIC PRIMARY SCHOOL PROCEDURE FOR SUPPORTING STUDENTS WITH SPECIAL MEDICAL NEEDS

Definitions

Special Medical Needs:

Acute and chronic medical conditions that demand emergency attention. Conditions may need daily medical intervention or instant intervention.

Dependent:

A child who needs an adult to administer medical treatment.

PRINCIPLES

The current practice and routines for students with special medical needs within Liwara Catholic School is based on the following principles:

- 1. Liwara Catholic School does not have medical personnel on staff.
- 2. School staff have no medical qualification. They may offer assistance, but it will be limited to their knowledge, skill and school resources.
- 3. Parents accepting staff assistance must assume full responsibility themselves.
- 4. Whilst the student is dependent, the parent or nominated family member/adult will administer any required daily medical procedure.
- 5. When the student is independent, he/she will self-administer medical procedures under the supervision of a willing staff member in a designated private contained area, according to a written plan authorised by a medical practitioner.
- 6. Parents will provide and maintain all medications and equipment required.

PROCEDURE

- An individual daily management and emergency action plan must be established by the student's medical
 practitioner. The school cannot assume responsibility to provide support in the absence of an authorised
 plan.
- 2. Plan proforma with minimum details required must be completed. See appendix A.
- 3. A copy of this plan signed by the parent should be present in the classroom and office along with a photo of the child.
- 4. Parents must contact the office to update individual plans by Week 2 Term 1 each year.
- 5. The school will compile emergency procedure folders by Week 3 Term 1 and ensure all staff are aware of folder locations.

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(photo)

APPENDIX A:

Medical Action Plan - Acute Conditions

(Requiring ongoing daily treatment or immediate emergency response)

STUDENT TO BE INCLUDED /NOT INCLUDED IN NATIONALLY CONSISTENT COLLECTION OF DATA ON SCHOOL STUDENTS WITH DISABILITY

STODENT DETAILS		
Student's Name		
Class		
Condition:		
*Emergency Action Plan:	(to be undertaken in life threatening situations):	
STEP 1		
STEP 2		
STEP 3		
STEP 4		

*To be completed by prescribing Doctor:

AUTHORISED BY					
AUTHORISED BY					
Medical Practitioner's					
Name					
Qualification					
Signature					
Contact Phone No		Date			

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* PARENT / GUARDIAN CONTACT DETAILS				
Mother's Name	TARENT / GOARDIAN CONTACT DETAILS			
Home Phone	Work Phone			
	work Phone			
Mobile Phone				
Father's Name				
Home Phone	Work Phone			
Mobile Phone				
Emergency contact in cas	of being unable to contact parents:			
Name				
Relation to Child				
Mobile Phone				
 and accept the of Whilst my child relevant to his/h I understand suppose a undertake to continue to the cont	lependent I, as the primary care giver will administer daily needs medical condition. vision of treatment and emergency action will be undertaken by ified staff and within in the constraints of other duties. k and maintain necessary equipment regularly and replace			
Signature	Date			

Note: The information collected on this document will be treated in accordance with our Privacy Policy. It will be confidential as far as possible, within the constraints of the need for staff access to the emergency procedures required. Copies of the student's photos and condition details will be displayed in the Staffroom. A Medical file will be kept in a prominent position in the admin office and in the child's classroom.

*Fields must be filled in.