

# 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		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"/>		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"/> <input type="checkbox"/> <input type="checkbox"/>
					Stored at school Refrigerate Keep out of sunlight <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
					Stored at school Refrigerate Keep out of sunlight <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
					Stored at school Refrigerate Keep out of sunlight <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Section E: Emergency Action Plan(S)**

(Please list for each relevant diagnosis and attach relevant plan(s))

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**Section F – Equipment**

**Mobility:**

\_\_\_\_\_

**Health Care Supplies:**

\_\_\_\_\_

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

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**Other Relevant Information:**

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