

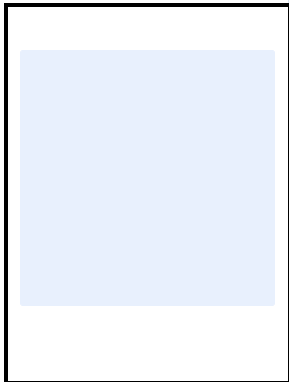


Government of South Australia

Health Support Agreement

for education and care

CONFIDENTIAL



To be developed by the education or care service in consultation with the parent or legal guardian, to identify and document individualised risk minimisation strategies, management and treatment for a child or young person with health or personal care needs to support inclusion and participation in the full curriculum at the site. Must be accompanied by a Safety and Risk Management Plan. This information is confidential and will be available only to relevant staff and emergency medical personnel.

Name of child/young person:

DOB:

Review date:

Allergies:

Education or care service:

AUTHORISATION AND AGREEMENT <i>(To be signed after form has been completed)</i>		The following settings have been considered in the development of the Health Support Agreement and is appropriate for use in the following:	
<input type="checkbox"/>	Children's centre, preschool or school	<input type="checkbox"/>	Childcare, Out of School Hours Care
<input type="checkbox"/>	Camps, excursions, special event, transport (incl. aquatics)	<input type="checkbox"/>	Work experience or other education placement
<input type="checkbox"/>	Respite, accommodation	<input type="checkbox"/>	Work
<input type="checkbox"/>	Transport	<input type="checkbox"/>	Other (specify)
Education or Care staff member(s)			
Name	Email or Signature	Date	
Role			
Name	Email or Signature	Date	
Role			
Leadership			
Name	Email or Signature	Date	
Role			
Child or young person and parent/guardian			
<input type="checkbox"/> I have participated in the development of, and understand, the Health Support Agreement & Safety and Risk Management Plan <input type="checkbox"/> I approve the release and sharing of this information to supervising staff and emergency medical staff (if required). <input type="checkbox"/> I understand staff may seek additional information and/or advice regarding the medical information contained in the Health Support Agreement from the Access Assistant Program (AAP) to inform duty of care.			
Name of student	Email or Signature	Date	
Name	Email or Signature	Date	
Relationship to student			

HEALTH SUPPORT AGREEMENT REVIEW				
This section may be completed where the agreement has been reviewed but there are no significant changes A Health Support Agreement, and Safety and Risk Management Plan, should be reviewed and updated in consultation with the parent/guardian in each of the following circumstances:				
<ul style="list-style-type: none"> When the care plan, action plan or health care plan has been reviewed and updated As soon as practical after a medical emergency or incident at the children's centre, preschool or school Prior to the child or young person participating in an off-site activity or onsite special event 				
Date of review	Reason for review	Site representative <i>(print name and initial)</i>	Parent/guardian <i>(print name and initial)</i>	New Review Date <i>(change at top of form)</i>

HSP120

HEALTH SUPPORT AGREEMENT

Health Support Planning



CARE NEEDS					
<i>(Identify the child or young person's care needs that have been considered in development of Health Support Agreement)</i>					
Personal Care		Physical Health		Neurodiversity	
<input type="checkbox"/>	Contenance	<input type="checkbox"/>	Acquired Brain Injury	<input type="checkbox"/>	ADHD
<input type="checkbox"/>	Head lice	<input type="checkbox"/>	Anaphylaxis and allergy	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Infection control	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Autism Spectrum
<input type="checkbox"/>	Menstrual management	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Oral eating and drinking	<input type="checkbox"/>	Cerebral palsy	<input type="checkbox"/>	Eating disorders
<input type="checkbox"/>	Personal Hygiene	<input type="checkbox"/>	Cystic Fibrosis	<input type="checkbox"/>	Emotional regulation
<input type="checkbox"/>	Transfer and positioning	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	FASD
<input type="checkbox"/>	Wound and skin care	<input type="checkbox"/>	Osteogenesis Imperfecta	<input type="checkbox"/>	Gender Diversity
		<input type="checkbox"/>	Palliative care	<input type="checkbox"/>	Self-harm and suicidality
		<input type="checkbox"/>	Seizures & Epilepsy		
		<input type="checkbox"/>	Spina bifida		
<input type="checkbox"/>	Other (specify)				

CARE PLANS, ACTION PLANS, MANAGEMENT PLANS
<i>(Identify any documents, completed by a treating health professional, that support and advise the Health Support Agreement)</i>
(list all care/action plans)

MEDICATION		
Is medication required to be administered in an education or care service?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
If yes, a medication agreement must be completed (except if this is listed in an Asthma Care Plan, Diabetes Action and Management Plan, INM Medication Agreement or Anaphylaxis/Allergies Action Plan)		

HEALTH CONDITION
<i>(It is not necessary to provide a full medical history. Education and care staff only need to know information relevant to the child or young person's attendance, learning and emotional wellbeing in education and care settings.)</i>
(provide details)



Complex needs and/or invasive health support		
Does the child / young person have complex care needs and/or require invasive health support? <i>(e.g. gastrostomy, nasogastric, tracheostomy care, oxygen, catheter management, postural drainage)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, a referral to the Access Assistant Program (AAP) is required <ul style="list-style-type: none"> Access Assistant Program Flowchart Access Assistant Program Referral 		
Provide details of complex or invasive health support needs:		

First Aid		
Are there requirements other than standard first aid response? <i>(e.g. where the child or young person has asthma but this is not managed as per standard asthma first aid)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, has an Individual first aid plan been developed and provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide details of individual first aid requirements:		

Routine supervision (for health-related safety)		
Are there any known recommendations for additional supervision for health related safety of the child /young person)? <i>(e.g. a medication agreement for administration during times when the child/young person is in the care of staff; strategies for allergy management; diabetes monitoring; identified risk of self-harm or a diagnosed mental health disorder including anxiety or symptoms that interfere with participation; illness-related problems)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide details of supervision requirements:		



Personal Care		
Are there requirements for additional support with or supervision during, daily personal care tasks? <i>(e.g. nose-blowing, handwashing, menstruation management, continence care, oral eating & drinking)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide details of personal care requirements:		

Cultural and language:		
Are there any specific cultural or language needs that need to be taken into consideration? <i>(e.g. cultural diversity, language, customs, beliefs, spirituality)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Detail any other actions, considerations or recommendations:		

Other considerations:		
Are there requirements for additional support needs related to the learning and/or wellbeing of the child/young person, siblings, peers, or others involved in the care of the individual? <i>(e.g. psychological wellbeing, interrupted attendance, learning in other settings, deteriorating health, grief or loss issues, palliative care)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Detail any other actions, considerations or recommendations:		

COMMUNICATION
Regular and ongoing communication must occur between the education service and parent/guardian. If a problem emerges at school or at home the teacher /parent need to know as this can impact on the learning behaviour of the child/ young person and on their wellbeing and motivation.
Describe how communication will occur between the education service and parent/guardian (ie communication book, text message, phone call, email)
Describe who communication will occur between (name specific staff members and parent name)
Describe how often communication will occur at a minimum (ie daily, weekly) and any exceptional circumstances that must be communicated

