



# 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.



**Education or care service:**

**Name of child/young person:**

**DOB:**

**MedicAlert #:**

**Review date:**

**Allergies:**

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)
<i>Education or Care staff member completing Health Support Agreement</i>			
(name)		(email or signature)	(date)
<i>Principal, Director or Leader</i>			
(name)		(email or signature)	(date)
<i>Parent or legal guardian; or adult student</i>			
<ul style="list-style-type: none"> <li>I have participated in the development of, and have read and understand, the Health Support Agreement &amp; Safety and Risk Management Plan</li> <li>I approve the release and sharing of this information to supervising staff and emergency medical staff (if required).</li> <li>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.</li> </ul>			
Parent/Legal Guardian or Adult Student			
(name)		(relationship)	
(email or signature)		(date)	

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

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"/>	Oral Eating and Drinking	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Transfer and Positioning	<input type="checkbox"/>	Anaphylaxis / Severe Allergy	<input type="checkbox"/>	Emotional regulation
<input type="checkbox"/>	Continence	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Autism Spectrum
<input type="checkbox"/>	Menstrual Management	<input type="checkbox"/>	Seizures & Epilepsy	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Wound and Skin Care	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	ADHD
<input type="checkbox"/>	Personal Hygiene	<input type="checkbox"/>	Cystic Fibrosis	<input type="checkbox"/>	Eating disorders
<input type="checkbox"/>	Head Lice	<input type="checkbox"/>	Acquired Brain Injury	<input type="checkbox"/>	Gender Diversity
		<input type="checkbox"/>	Osteogenesis Imperfecta	<input type="checkbox"/>	FASD / Drug

HEALTH CARE PLANS, CARE PLANS, ACTION PLANS, MEDICATION AGREEMENT <i>(Identify any documents, completed by a treating health professional, that support and advise the Health Support Agreement)</i>					
Personal Care		Physical Health		Psycho-social Wellbeing Social Emotional Wellbeing	
<input type="checkbox"/>	Oral Eating and Drinking Health Care Plan	<input type="checkbox"/>	<a href="#">Asthma Care Plan (Asthma Australia)</a>	<input type="checkbox"/>	Anxiety Health Care Plan
<input type="checkbox"/>	Transfer and Positioning Health Care Plan	<input type="checkbox"/>	<a href="#">Anaphylaxis / Severe Allergy Action Plan (ASCIA)</a>	<input type="checkbox"/>	Emotional Regulation Health Care Plan
<input type="checkbox"/>	Continence Health Care Plan	<input type="checkbox"/>	<a href="#">Diabetes Management and Action Plan</a>	<input type="checkbox"/>	Autism Spectrum Health Care Plan
<input type="checkbox"/>	Menstrual Management Health Care Plan	<input type="checkbox"/>	Seizures & Epilepsy Health Care Plan	<input type="checkbox"/>	Depression Health Care Plan
<input type="checkbox"/>	Wound and Skin Care Health Care Plan	<input type="checkbox"/>	Cancer Health Care Plan	<input type="checkbox"/>	ADHD Health Care Plan
<input type="checkbox"/>	Personal Hygiene Health Care Plan	<input type="checkbox"/>	Cystic Fibrosis Health Care Plan	<input type="checkbox"/>	Eating Disorders Health Care Plan
<input type="checkbox"/>	Head Lice Health Care Plan	<input type="checkbox"/>	Acquired Brain Injury Health Care Plan	<input type="checkbox"/>	Transgender Health Care Plan
		<input type="checkbox"/>	Osteogenesis Imperfecta Health Care Plan	<input type="checkbox"/>	FASD / Drug Health Care Plan
<input type="checkbox"/>	Non-specific Health Care Plan				
<input type="checkbox"/>	Medication Agreement				

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"/>	<input type="checkbox"/>
	YES	NO
If yes, a referral to the Access Assistant Program (AAP) is required		
<ul style="list-style-type: none"> <li><a href="#">Access Assistant Program Flowchart</a></li> <li><a href="#">Access Assistant Program Referral</a></li> </ul>		
Provide details of complex or invasive health support needs:		

First Aid		
Are there additional first aid requirements other than basic first aid response? <i>(e.g. in relation to asthma or anaphylaxis; administration of prescribed intranasal midazolam for seizure management; anxiety management)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
If yes, has an <a href="#">Individual first aid plan</a> been developed and provided?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	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 &amp; 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:		