

Penola Catholic College Medical Advice Template for students

Template for schools



When this template is required

A *Medical Advice Template* (MAT) is **required** for students who have an identified medical condition and/or medical-related care need **unless**:

- all required information is already provided in a letter, plan, diagnostic report or other relevant document signed and/or authorised by the Australian Health Practitioner Regulation Agency (Ahpra) registered health practitioner
- the student has been diagnosed with anaphylaxis, asthma or epilepsy, and the required information is outlined in a condition-specific management or action plan.

Purpose of this template

This template supports the principal and school staff to understand the identified medical-related support needs of a student.

What information to include in this template

The MAT should include the information listed in [Section 1.1 Documentation](#). Instead of completing all sections in this template, the required information may be attached in another document, such as a letter, management plan, diagnostic report or other approved document that has been signed and/or authorised by an Ahpra-registered health practitioner.

When this template is reviewed

The MAT must be reviewed and updated at least annually or earlier, on a needs basis, such as following an incident or when there are changes to a student's identified health support needs, as outlined in the *Medical Management Procedures*.

Privacy of information

The information collected in this template will be used, stored, and disclosed in accordance with the *Privacy Policy* and *Privacy Collection Notice – Student and Parents*. Information will be handled in a manner that protects the student's privacy, confidentiality and wellbeing.

Instructions for completing this template

Only complete the sections that relate to the student's medical condition and any impact it may have on their participation in the school environment. To expand or collapse each section, click on the small triangle (▸) to the left of each heading. This template has the following sections:

- [Section 1: Student details](#)
 - [1.1 Documentation](#)
 - [1.2 Circulation of template](#)
- [Section 2: Diagnosis and implications](#) [AUTHORISATION REQUIRED]
- [Section 3: Medications \(outside school environment\)](#)
- [Section 4: First aid and emergency](#) [AUTHORISATION REQUIRED]
- [Section 5: Medical advice declaration](#) [only required if Sections 2 or 4 are completed]
- [Section 6: Review](#)

Section 1: Student details

Student details			
Name	Click or tap here to enter text.		
Date of birth	Click or tap to enter a date.		
Year level/Class	Click or tap here to enter text.		
MedicAlert number (if applicable)	Click or tap here to enter text.		
Date template completed	Click or tap to enter a date.	Staff member	Click or tap here to enter text.
Review date for this template	Click or tap to enter a date.	Staff member	Click or tap here to enter text.
Is this an interim template?	☐ Yes ☐ No	End date	Click or tap to enter a date.
Is an Interpreter required for meetings? ☐ Yes ☐ No Add details (if required) Click or tap here to enter text.		 Has cultural safety and/or cultural support been considered and offered (if relevant)? ☐ Yes ☐ No Add details (if required) Click or tap here to enter text.	

Parent or carer 1 details	Parent or carer 2 details
Name: Click or tap here to enter text.	Name: Click or tap here to enter text.
Relationship: Click or tap here to enter text.	Relationship: Click or tap here to enter text.
Main phone: Click or tap here to enter text.	Main phone: Click or tap here to enter text.
Other phone: Click or tap here to enter text.	Other phone: Click or tap here to enter text.
Email: Click or tap here to enter text.	Email: Click or tap here to enter text.
Home address: Click or tap here to enter text.	Home address: Click or tap here to enter text.

Emergency contact details (if parent or carer is not available)	
Name: Click or tap here to enter text.	Relationship: Click or tap here to enter text.
Main phone: Click or tap here to enter text.	Other phone: Click or tap here to enter text.
Email: Click or tap here to enter text.	

1.1 Documentation

This table may be used as a cover page to help keep all student health support needs information. The format of evidence column may be used to indicate which documentation is attached or hyperlinked.

Where applicable, sections may be combined if the information is included in the same document to avoid duplicating headings and links.

Required documentation	Format of evidence included	
Details of identified medical condition. Please note: - For students with personal care needs: a <i>Personal Care Advice Template</i> (PCAT) may be completed (see <i>Personal Care Support Procedures</i>) - For students with anaphylaxis, asthma, diabetes or epilepsy, a condition-specific action plan must be completed	☐	Included in this plan
	☐	Attached [Insert name of document]
	☐	Hyperlink [Insert hyperlink]
The response required from the school in relation to the emergence of symptoms	☐	Included in this plan
	☐	Attached [Insert name of document]
	☐	Hyperlink [Insert hyperlink]
Details of any current medication(s) prescribed for the student that are administered outside the school environment (in case this information is needed in an emergency response) Note: Medication requiring administration in the school environment must be documented and authorised in a <i>Medication Authority Form</i> (MAF) (see <i>Medication Administration Procedures</i>)	☐	Included in this plan
	☐	Attached [Insert name of document]
	☐	Hyperlink [Insert hyperlink]
The response required if the student does not respond to initial treatment and any specific emergency response required	☐	Included in this plan
	☐	Attached [Insert name of document]
	☐	Hyperlink [Insert hyperlink]
Any access to community health services or any explicit advice for requesting an ambulance for assistance.	☐	Included in this plan
	☐	Attached [Insert name of document]
	☐	Hyperlink [Insert hyperlink]
Other relevant authorised documentation (Please list and add rows if there are more documents)	☐	Included in this plan
	☐	Attached [Insert name of document]
	☐	Hyperlink [Insert hyperlink]

1.2 Circulation of template

Individuals to receive copies of this template. Please ensure privacy and confidentiality requirements before circulation.

☐ Parent or Carer 1	☐ Parent or Carer 2	☐ Emergency Contact
☐ Staff member (please list): Click or tap here to enter text.	☐ Allied Health (please list): Click or tap here to enter text.	☐ Other (please list): Click or tap here to enter text.

Section 2: Diagnoses and implications **AUTHORISATION REQUIRED**

Diagnosis

Please list each identified medical condition/s and/or medical-support need/s, as identified by the student's relevant registered health practitioner, along with the relevant implications, management response or adjustments. Include, where applicable:

- signs, symptoms and the severity of the identified condition
- observable behaviours associated with the identified condition
- activity limitations related to the identified condition
- critical observations or thresholds which indicate need for immediate action or urgent medical attention (e.g. ambulance).

If the student requires personal care support, refer to the *Personal Care Support Procedures*.

Identified medical condition/s	Details of relevant implications, management response or adjustments
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

Implications for the school environment (check all that are applicable)

☐	Impact on attendance (school to refer to <i>Attendance Policy</i>) – if checked, please specify: Click or tap here to enter text.
☐	Impact on capacity to maintain attention or participate in routine educational activities – if checked, please specify: Click or tap here to enter text.
☐	Requires communication support or augmentative and/or alternative communication – if checked, please specify: Click or tap here to enter text.
☐	Consideration for excursions, camps, travel, incursions, off-site learning and/or other activities within the school environment – if checked, please specify: Click or tap here to enter text.
☐	Requires additional school support for behaviour, mental health, safety, e.g., supervision, flight risk, scalability assessment (school to refer to <i>Student Behaviour Support Policy</i>) ☐ Detailed in BSP or Safety Plan or please specify: Click or tap here to enter text.
☐	Other (e.g., work experience/structured workplace learning/School-based Apprenticeship or Traineeship/external Vocational Education and Training) – if checked, please specify: Click or tap here to enter text.
☐	There are identified risks associated with this student's medical condition/s and/or medical-support needs – if checked, please specify: Click or tap here to enter text.

Section 3: Medications (outside school environment)

List any current medication/s prescribed for the student that are administered outside the school environment (in case this information is needed in an emergency response).

Please note: for the administration of any prescription or non-prescription medication **in the school environment, a MAF must also be completed.**

Medications administered outside school environment

Name of medication	Medication information/ effect/ administration advice (nightly, daily, etc.)
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

Section 4: First aid and emergency **[AUTHORISATION REQUIRED]**

First aid

If the student becomes ill or injured at school, first aid will be administered and an ambulance called, if necessary, as per the school's *First Aid Policy* informed by the *First Aid Policy for MACS Schools*.

If you anticipate the student will require anything other than a standard first aid response, please provide details below to be considered as part of the response.

☐ Student has a *Personal Emergency Evacuation Plan* (PEEP)

Observable signs/reactions	First aid response (Please describe actions, external support, and potential tools etc.)
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

Section 5: Medical Advice Declaration **[AUTHORISATION REQUIRED]**

If you have filled in any information in [Section 2. Diagnosis and Implications](#) or [4. First aid and emergency](#) this must be authorised by the relevant registered health practitioner

Health practitioner Declaration

☐ This *Medical Advice Template* has been developed with my knowledge and input.

Date:	Click or tap here to enter text.
Name of treating Ahpra-registered** health practitioner:	Click or tap here to enter text.
Hospital/Clinic URL:	Click or tap here to enter text.
Ahpra (or equivalent) registration number:	Click or tap here to enter text.

Health practitioner contact details

Address:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

Main phone:	Click or tap here to enter text.	
Signature of practitioner:	 Health practitioner	Date: Click or tap to enter a date.

Parents and Carers details or Mature minor*

- ☐ I authorise the school to contact the registered health practitioner identified in this template to clarify information and/or medical-related support needs.
- ☐ I understand that the school collects this information to plan for and support the medical-related support needs of my child and this information will be handled in accordance with the school's Privacy Policy.

Parent/carers 1 or Mature minor name:	Click or tap here to enter text.	
Signature	 Parent/Carer	Date: Click or tap to enter a date.
Parent/carers 2 name	Click or tap here to enter text.	
Signature	 Parent/Carer	Date: Click or tap to enter a date.

Principal details

Principal name		
Signature	 Principal	Date: Click or tap to enter a date.

*Mature minor is a student who is determined by the principal to be a mature minor and who is capable of making their own decisions on a range of issues before the age of 18 years.

** Australian Health Practitioner Regulation Agency <https://www.ahpra.gov.au/>

Section 6: Review

This section is for established MATs, **if this is a new MAT** you do not need to complete this section.

A current copy of the MAT should be saved and filed prior to completing the review.

The MAT should be reviewed and updated:

- annually, or in line with specific conditions
- when notified of changes to medical-related support needs
- as needed or in response to a particular incident or changes that are required to comply with duty of care obligations or legislation changes.

For each review, the **completion date**, **staff name** and **next review date** should be updated in: [Section 1: Student details](#).

Review

☐	No changes required: • documented in writing via PSG notes (or other), attached • updated completion date, staff member and new review date in Section 1: Student details • no signatures required
☐	Minor changes made: • parent and carer signature and date and principal (nominee) required
☐	Changes made due to updated medical advice or medical-related support needs • [AUTHORISATION REQUIRED]: Update dates and signatures in Section 5 • parent and carer signature and date and principal (nominee) required