

Functional Needs Medical Advice Form

This form may be completed by a medical or allied health practitioner about a student's functional needs (eating and drinking; toileting, menstruation and personal hygiene; mobility, transfers and positioning). Health practitioners may adapt this form or provide other supporting documentation. This information will help the school develop a [Student Health Support Plan](#). For more information, see [Health Care Needs](#) policy.

Student name:	
Student date of birth:	
Review date of this form:	

About the condition

Diagnosis or health condition(s):	
Functional need described:	<input type="checkbox"/> Eating and drinking <input type="checkbox"/> Toileting, menstruation and personal hygiene <input type="checkbox"/> Mobility, transfer and positioning <input type="checkbox"/> Other – please describe:

First aid

The school will administer first aid and call an ambulance if necessary. If the student may require anything other than a standard first aid response, please provide details, so that the school can provide the required support. Add or remove rows as needed.

Observable symptom or sign	First aid response

Key hazards

Please identify key hazards that school staff must know while providing functional supports, and key supports or adjustments to prevent or mitigate serious risks (such as choking and aspiration; skin and pressure injury; falls). Add or remove rows as needed.

Hazard	Recommended action – please describe

Functional needs

Please provide information about supports a student requires to enable them to participate in learning and activities on the same basis as their peers. This includes observable evidence on what a student can do, and the recommended support or adjustments needed at **school, excursions or camps**. Add or remove rows as needed.

Current student needs	Recommended support or adjustment(s) – please describe
<i>Describe what the student can do with and without adult supervision, supports and equipment; and any student preferences for their care.</i>	<i>Where relevant, describe:</i> <ul style="list-style-type: none"> - <i>exactly what actions are required to support the student's needs at school, excursions, or camps</i> - <i>preparation of physical and social environment</i> - <i>equipment required</i> - <i>preparation of equipment, meals</i> - <i>physical or behavioural techniques</i> - <i>communication strategies</i> - <i>number of staff needed for level of assistance or supervision</i> - <i>anticipated time required to deliver supports</i>

Please identify unplanned but anticipated events (such as incontinence; catheter difficulty; student refusal), and describe how staff may prepare, respond and seek help consistent with the student's needs and care goals. Add or remove rows as needed, or attach further information to this form.

Event	Recommended strategies or contacts – please describe

Student care goals

Please identify appropriate care goals to promote positive student independence and self-management, with recommended strategies for school staff appropriate for the student's age, development and current health. Add or remove rows as needed.

Student care goals	Recommended strategies – please describe

Staff training and support contacts

If required, please provide name (and contact details) for persons or services qualified and able to provide training, demonstration or advice to school staff:

Further information or attachments

More information is attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Recommended health resources for school staff:	

Medical or health practitioner details

I understand my personal information and any health information or opinion provided about the student in this form will be handled in accordance with the privacy statement and the laws and policies stated within it.	
Name of practitioner:	
Professional role:	
Signature:	
Date:	
Contact details:	<input type="checkbox"/> I agree to be contacted by the school if further advice is needed to support the student's health and wellbeing.

Privacy statement

<p>The form will be collecting the information about your child's wellbeing requirements to support the health and wellbeing needs of your child. If not all the information is provided on the form, it may affect our ability to provide the appropriate wellbeing support for your child.</p> <p>Information provided in the form will be stored securely in the department's systems, with access restricted to those providing your child with the health and wellbeing needs listed in this form, those that need access as outlined in this form, staff that need to provide required technical system assistance to access the information and also any staff that need to know in accordance with the department's privacy policy. All information will be handled in accordance with the privacy statement provided in this form and Victorian privacy laws and the department's policies regarding privacy and records.</p> <p>For further information, or to request access and correction of personal information, please email Montmorency.south.ps@education.vic.gov.au</p>	
Consent for parent and carers	
<ul style="list-style-type: none">• I agree for my child's health information to be handled in accordance with the privacy statement in this form.• I understand that school staff assisting in the child's wellbeing can only contact the medical/health practitioner(s) named in this form with my consent if needed for the purposes of providing appropriate wellbeing support outlined in this form, unless required or authorised by law.• I understand the school may contact training providers listed in this form and may detail the health conditions and symptoms experienced by my child in a de-identified manner, to ensure appropriate training is received by staff for supporting my child's health.	
Parent or carer name:	
Parent or carer signature:	
Date:	