TEMPLATE

Example individual plan for supporting ākonga with health conditions

Ministry of Education guidance for early learning services and schools on [supporting ākonga with health conditions](https://www.education.govt.nz/school/health-safety-and-wellbeing/student-and-staff-health/health-conditions-in-education-settings-supporting-children-and-young-people-2/)

Use this example if you’re required to have an individual plan under the School High Health Needs Fund.

Use this example for ideas to input into any health plans developed by medical professionals.

Name of early learning service or school: .......................................................................................................

Name of child or young person: ......................................................................................................................

Time period covered by this plan: from \_\_\_\_/ \_\_\_\_/ \_\_\_\_to \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Personal/health condition details

Age at 01/01/\_\_: \_\_\_ years \_\_\_ months

Date of birth: \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health condition or diagnosis:

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Child/student has the following symptoms or health needs:

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What child/student must not do because of his or her health condition:

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Daily care needs at early childhood education service/school: people, tasks, equipment:

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Family/whānau contact/s

**Parent #1:**

Name: ..............................................................................................................................................................

Address: ..........................................................................................................................................................

Home phone: ........................................................... Work phone: .................................................................

Mobile: ................................................................

**Parent #2:**

Name: ..............................................................................................................................................................

Address: ..........................................................................................................................................................

Home phone: ............................................................ Work phone: ................................................................

Mobile: ................................................................

**Other caregiver/family/whānau contact:**

Name: ..............................................................................................................................................................

Address: ..........................................................................................................................................................

Home phone: ............................................................ Work phone: ................................................................

Mobile: ................................................................

Health/medical contact/s

Keyworker: ......................................................................................................................................................

GP: ..................................................................................................................................................................

Specialist/s: .....................................................................................................................................................

Hospital: ..........................................................................................................................................................

ECE service or school contact/s:

Key staff members: .........................................................................................................................................

Classroom number/s and relevant timetable information: ...............................................................................

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Emergency procedures

An emergency is when: ...................................................................................................................................

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Emergency action (who does what): ...............................................................................................................

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Emergency phone/contact: ..............................................................................................................................

Critical information for emergency services (event, location, name of caller, response required):

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Follow up care required: ..................................................................................................................................

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Where copies of the emergencies procedures are kept (who has a copy):

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The following forms can be attached to the health care plan

(a) Contacting emergency services Yes No

(b) Agreement for service/school to administer medication Yes No

(c) Information sharing plan Yes No

(d) Agreement for self-administering medication Yes No

(e) Staff training plan Yes No

Medication log Yes No

Medical report Yes No

Conflict/disagreement resolution plan Yes No