



Health BOX

MIDDLE HARBOUR PUBLIC SCHOOL

Phone: 9953-6232 Email: middleharb-p.school@det.nsw.edu.au

HEALTH CARE PLAN 2025

Child's Name:

CLASS:

DOB:

AGE:

PARENTS:

CONTACTS:

1:

Home:

Mobile:

Relationship to Child:

2:

Home:

Mobile:

Relationship to Child:

CONDITION:

-
-
-
-

AREAS TO WATCH/NOTICE

-
-
-
-

Type of Health Care Plan Provided by the Doctor:

-
-
-

Please turn over

PLAN OF ACTION:

1.

.....

Medication Provided:Dose: Expiry: / /

2.

.....

Medication Provided:Dose: Expiry: / /

3.

.....

Medication Provided:Dose: Expiry: / /

IMPORTANT INFORMATION

The purpose of this form is for you, the parent/carer to provide Middle Harbour Public School staff with clear instructions on how to treat your child.

This form needs to be completed annually even if the health condition has not changed. An updated form will be sent to you towards the end of each year.

If your child no longer has a health condition, please inform the school via email.

If your child has asthma, anaphylaxis or allergies, please ensure that your doctor prepares an ASCIA plan. NSW schools can only accept ASCIA plans.

Doctors Name and Contact Details:

Signed: _____

Date: _____