<<<<< INSERT SCHOOL LOGO>>>>>

**Personal Care Medical Advice Form**

for a student who requires support for

ORAL EATING AND DRINKING

**This form is to be completed by the student’s medical/health practitioner, such as a speech pathologist providing a description of the personal care requirements and first aid. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student’s health care needs.**

**Please only complete those sections in this form which are relevant to the student’s health support needs.**

Name of School:

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_

MedicAlert Number(if relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review date for this form: \_\_\_\_\_\_\_\_\_\_ \_

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|  **Routine mealtime care needs** | **Recommended support**Please describe recommended care  |
| **Level of support required** |  |
| Information is needed about how closely this student needs to be supervised and for how long. Staff will routinely allow a maximum of 15 minutes per meal unless otherwise negotiated**.***Level of supervision*[ ] Requires constant supervision: high risk of choking/ aspiration [ ] Requires close supervision *(eg in small group)*[ ] Requires some assistance[ ] Independent **Time required for mealtime** (less for snacks)[ ] Less than 15 minutes[ ] About 15 minutes[ ] Negotiation if longer time recommended |  |
| **Type of support needed** |  |
| *Preparation*[ ]  Additional hygiene/safety measures[ ]  Positioning for comfort and safety[ ]  Facilitation techniques *(eg jaw support)*[ ]  Stimulation *(eg facial tapping/stroking)*[ ]  Other | *Equipment*[ ]  Clothes protector[ ]  Modified utensils *(eg spoons)*[ ]  Modified cup/plate etc[ ]  Mirror[ ]  Positioning equipment *(eg special*  *chair/bolster)*[ ]  Other |  |
| *Environmental changes*[ ]  Calm, consistent approach[ ]  Positive reinforcement[ ]  Minimal distractions[ ]  Social settings[ ]  Other | *Positioning and care after mealtimes*[ ]  Need to remain upright for        minutes[ ]  Need to check no food is left in the  mouth/palate[ ]  Teeth brushing[ ]  Other |  |
| **Communication** |  |
| *Communication by student*[ ]  Language[ ]  Gesture[ ]  Behaviour***[ ]  Other*** | *Communication by supporting staff*[ ]  Offer choice (indicate how many)[ ]  Simplify instructions/use key words[ ]  Use picture cues[ ]   ***Other*** |  |
| **Preparation and presentation of food and drink** |  |
| The following information is provided as a safety check for staff. Food and drink should routinely be brought to school already prepared. If some preparation is requested of staff, this should be documented and negotiated with staff. |  |
| *Food consistency*[ ]  No restriction on consistency[ ]  Modified*Food portions*[ ]  No restriction on amount taken at  a time[ ]  Modified | *Quantity*[ ]  Self-directed[ ]  Minimum amounts required (please  specify)*Rate and order of intake*[ ]  Self-directed[ ]  Direction/assistance required (please  specify |  |

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| --- | --- |
| **Routine mealtime care needs** | **Recommended support**Please describe recommended care |
| **Preparation and presentation of food and drink, cont’d**  |  |
| *Drink consistency*[ ]  No restriction on consistency[ ]  Modified*Drink portions*[ ]  No restriction on amount taken at  each sip[ ]  Modified | *Specific strategies required*[ ]  Spoon fed[ ]  Finger food[ ]  Drinking[ ]  General (including behaviour  management issues)[ ]  Other |  |
| **Potential learning targets** |  |
| Mealtimes are considered a time for socialisation and enjoyment. Any specific learning targets (eg in relation to trying new foods and textures) are generally addressed at home. If some experimenting and promotion of new foods and tastes are requested, this should be documented and negotiated with staff.[ ]  Increasing independence *(eg collects lunchbox, manages spoon)*[ ]  Behaviour targets *(eg remains in seat for five spoonfuls)*[ ]  Increasing intake *(eg eats half a sandwich at lunchtime)* |  |
| **Documented observations**  |  |
| Upon negotiation, the school may assist the medical/health practitioner by documenting mealtime observations for the student. If this is required, please indicate what information is needed from the oral eating and drinking observations.  |  |
| **General Supervision for safety** |  |
| Unless otherwise negotiated, the school staff member will stop the eating/drinking process if they observe any of the following signs: * Self-reported distress or show other signs of distress
* Tried and unable to manager
* Gagging or coughing with unusual frequency
* Pale and sweaty
* Watery/glassy eyes
* Unusual change of voice
* Gurgling wet rattle in the throat
* Unable to cough, stops breathing (choking)

If these signs are repeatedly observed, the student’s medical/health practitioner should review this form and provide updated information.  |  |

**First Aid**

If the student becomes ill or injury at school (such as if the student begins to choke), the school will administer first aid and call at ambulance if necessary. If you anticipate the student will require anything other than a standard first aid response, please provide details on the next page, so special arrangement can be negotiated.

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| **Observable sign/reaction** |  | **First aid response** |
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Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

**Authorisation:**

**Name of Medical/health practitioner:**

Professional Role:

Signature:

Date:

Contact details:

**Name of Parent/Carer or adult/Mature minor\*\*:**

Signature:

Date:

If additional advice is required, please attach it to this form

\*\*Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: [Decision Making Responsibility for Students - School Policy and Advisory Guide](http://www.education.vic.gov.au/school/principals/spag/safety/Pages/parentalresponsibility.aspx)).