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| Department of Education and Training logo | **Schoolcare**  **Program**  Referral Form 2023 |

# Schoolcare Program

The Schoolcare Program is a service provided by the Department of Education and Training (the department) in partnership with the Royal Children’s Hospital (RCH).

The RCH provides Victorian government school staff with the skills and knowledge to appropriately support and care for students who have ongoing complex medical needs through the Schoolcare Program.

The Schoolcare Program enables students with ongoing complex medical needs to have their health care requirements met safely at school. The department, through your child’s school, collects relevant health information about your child through this referral process, and provides this information to RCH. RCH develops a child-specific care plan for your child based on that information. RCH nurses will attend your child’s school and provide specialist training to nominated school staff. Once the nominated staff have successfully completed the training, they can then provide the interventional medical care to your child when they are at school, consistent with the care plan.

This program is available to students who would be unable to attend school without the procedure being performed by appropriately trained staff.

Further information about the Schoolcare Program may be found in the [Schoolcare Program Guidelines](https://www.education.vic.gov.au/school/teachers/learningneeds/Pages/schoolcare-program.aspx).

# Referral Timelines

**Existing Schoolcare Program students:** In order for RCH staff to deliver relevant and appropriate training, the Schoolcare Program Referral Form must be submitted each year to ensure an accurate profile of a student’s current medical needs is obtained. It is recommended that the referral form be submitted by **mid-November** to assist the department with program delivery planning.

**New Referrals:** New referrals should be submitted **by the end of November** to assist with program delivery planning for the following year.

**Late Referrals:** Referrals can be received at any time during the year for students with deteriorating conditions or students transferring into or changing government schools. Training will be arranged to support eligible students as soon as possible once all required documentation is received.

If referrals are received after **1 July** and Schoolcare Program training is required again for the following year, then schools must still complete a new referral with updated staffing details and signed parent consent.  However, updated medical information is not required under these circumstances unless the student’s medical condition and needs have changed.

# Parent Information

# Collection of Information

The department, which includes all Victorian government schools, must comply with Victorian privacy law and applicable Department and school-level privacy policies. When collecting, using and disclosing personal and health information about your child, all department and school staff must comply with the *Privacy and Data Protection Act 2014* (Vic) *and Health Records Act 2001* (Vic) (collectively, **Victorian privacy law**).

Collecting, using and disclosing your child’s health information

Through this referral process, your child’s school is collecting your child’s health information to enable RCH and the school to provide the Schoolcare Program for your child. This means that your child’s school will disclose your child’s health information to RCH, so that RCH and your child’s school (on behalf of the department) can then:

* process this referral to the Schoolcare Program
* assess the service your child requires
* enable the RCH to develop a child-specific care plan for your child
* enable RCH to train school staff to support your child’s health needs while at school
* enable your child’s school, on behalf of the department, to fulfil various legal obligations, including its duty of care to your child.

Your consent on this form will remain current until end of the 2023 school year. See the Department’s Information [Privacy Policy](https://www2.education.vic.gov.au/pal/privacy-information-sharing/policy) for more information.

The RCH must also comply with the *Health Records Act 2001* (Vic) when handling your child’s health information. Contact RCH directly for a copy of their privacy policy.

# Security and Retention of Information

The department, including your child’s school, respects the privacy of every person. Information you provide is held securely at the school. The information collected will only be disclosed to the RCH for the Schoolcare Program as described on this form. Otherwise, the department and your child’s school will only disclose your child’s personal and health information with your written consent or as required or permitted by law.

Transfers to another Victorian government school

Importantly, the department, including all Victorian government schools, is a single legal entity. This means that if your child transfers to another Victorian government school, your child’s health information, including as collected through this process, will be transferred to that new school. This will occur even if your child is no longer receiving the Schoolcare Program. This is because that information is required to enable the department, including the new school, to fulfil legal obligations, including its duty of care to your child.

# Department of Education and Training logo

# Parent consent

# Part A To be completed by Parent/Guardian/Carer

**Collecting personal and health information about your child**

**By providing consent you are consenting to your child’s school, on behalf of the department, collecting health information about your child so that they can be supported through the Schoolcare Program, as described in the ‘Schoolcare Program Referral Form’ above.**

I consent to my child’s school, on behalf of the department, referring my child to the Royal Children’s Hospital (RCH), for Schoolcare Program support.

I also specifically consent to:

* my child’s school, on behalf of the department, sharing my child’s health information with the Schoolcare Program staff
* my child’s medical practitioner/s nominated below providing health information to my child’s school and RCH, through this process, to deliver the Schoolcare Program
* the school sharing my child’s health information with other school staff who ‘need to know’ to enable the school to:  
  (a) deliver the Schoolcare Program to my child  
  (b) fulfil the school’s legal obligations, including its duty of care to my child.

I understand I will be consulted and included in discussions relevant to the Schoolcare Program.

I also understand I am responsible for ensuring the school has the most up to date information regarding my child’s medical care needs and that the child-specific care plan reflects this.

**Training and procedures**

**By providing consent you are consenting to RCH staff from the Schoolcare Program delivering training to school staff, to enable the trained school staff to support your child at school in 2023**.

* I understand the Schoolcare Program will provide training to the nominated school staff regarding the medical support needs of my child.
* I understand the trained school staff will then perform this procedure as set out in the child-specific care plan developed by the Schoolcare Program.
* I understand my consent is valid until end of the 2023 school year.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian/Carer name |  | |
| Relationship to child |  | |
| Parent/Guardian/Carer Email |  | |
| Signature |  | Date |

## 

# Student details

|  |  |  |  |
| --- | --- | --- | --- |
| Student First Name |  | Student Surname |  |
| Date of Birth |  | RCH UR number |  |
| Home Address |  | | |
| Home Phone |  | Mobile |  |
|  | | | |

## School details

## Part B To be completed by Principal

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School Name |  | | | | | | School Phone | | |
| School Address |  | | | | | | | | |
| Student Disability ID |  | Year Level |  | | Is this student new to your school? | | | | 🞏 Yes  🞏 No |
| Nominated School Contact # 1 |  | | | | | Email: @education.vic.gov.au | | | |
| Nominated School Contact # 2 |  | | | | | Email: @education.vic.gov.au | | | |
| Names and email addresses of Education Support staff/teachers to be trained | First Name and Surname  Email address | | | Position | | Will the carer be performing the medical intervention/s at least once per week? | | Previous Schoolcare Program training for this student | |
| 1 | | |  | | 🞏 Yes 🞏 No | | 🞏 Yes 🞏 No | |
| @education.vic.gov.au | | |
| 2 | | |  | | 🞏 Yes 🞏 No | | 🞏 Yes 🞏 No | |
| @education.vic.gov.au | | |
| 3 | | |  | | 🞏 Yes 🞏 No | | 🞏 Yes 🞏 No | |
| @education.vic.gov.au | | |
| 4 | | |  | | 🞏 Yes 🞏 No | | 🞏 Yes 🞏 No | |
| @education.vic.gov.au | | |
| Preferred training days | 🞏 Monday 🞏 Tuesday 🞏 Wednesday 🞏 Thursday 🞏 Friday | | | | | | | | |
| Impact of medical condition on student’s functioning at school |  | | | | | | | | |
| Principal’s signature | I verify all school details in Part B of this Schoolcare Program referral.  Signed: | | | | | | | | |
| Referral checklist | **It is essential that all necessary documentation is included with the application**  □ **Part A** – Parent consent and student details  □ **Part B** – School details including principal’s signature  □ **Part C** – Medical information  □ **Part C –** Current Epilepsy Foundation management and/or emergency medication management  plans where applicable | | | | | | | | |

**Schools should email completed referral forms to:**

[schoolcare.program@education.vic.gov.au](mailto:schoolcare.program@edumail.vic.gov.au)

Medical Information

## Part C To be completed by parent/guardian/carer and medical specialist/practitioner.

The details below should be provided by parent/guardian/carer(s) in conjunction with the child’s medical specialist or general practitioner and will be used in the training of support staff at school through the Schoolcare Program. Please supply **all** information to ensure safety and quality of care are maintained. **Schoolcare Program training cannot be scheduled until all relevant medical information is received.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Information** | | | | | | | | | | | | |
| Student name |  | | | | | | | | D.O.B. | | | |
| School name |  | | | | | | | | | | | |
| **Diagnosis/conditions** | | | | | | | | | | | | |
| **Tube Feeding** | | | | | | | | | | | | |
| □ Gastrostomy (PEG) | | □ Mic-key □ Mini One □ Kangaroo □ Other  Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Medication required at school  □ N □ Y  **Water flush:**  Before medication \_\_\_\_\_\_ ml  After medication \_\_\_\_\_\_ ml |
| □ Gastrojejunal (PEJ) | |
| □ Nasogastric (NG) | | Size \_\_\_\_\_\_\_\_\_\_\_\_\_ inserted to \_\_\_\_\_\_\_\_\_\_\_\_\_ cm | | | | | | | | | |
| □ Nasojejunal (NJ) | |
| **Dietician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Formula type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Feed Amount:** \_\_\_\_\_\_\_\_\_\_\_\_ ml  **Feed Frequency:** □ Continuous □ Bolus **Administration:** □ Gravity □ Syringe □ Feed pump rate (ml/hr) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Water flush:** Before feed \_\_\_\_\_\_\_\_\_ ml After feed \_\_\_\_\_\_\_\_ ml **Venting:** Before use □ Y □ N After use □ Y □ N  **Feed times:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **On hot days (over \_\_\_\_\_\_\_ degrees):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml extra water  **Formula to be mixed at school:** □ Y □ N if yes, please describe how to mix formula \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Any additional information i.e. choking risk, positioning etc. Please detail:** | | | | | | | | | | | | Scheduled PEG replacement date, if known: |
| **Oxygen Therapy** | | | | | | | | | | | | |
| **Delivery:** □ Mask □ Nasal Prongs **Rate:** \_\_\_\_\_\_\_\_\_L/min **Equipment:** □ Concentrator □ Cylinder  **Oximeter** **required:** □ N □ Y □ Continuous monitoring □ Spot checks  **Oximeter limits:** High pulse alarm \_\_\_\_\_\_\_\_\_ Low pulse alarm \_\_\_\_­­­­\_\_\_\_\_\_\_ Low oxygen alarm \_\_\_\_\_\_\_\_\_\_  **Emergency plan (i.e. increased oxygen rate, etc.)** | | | | | | | | | | | | |
| Other interventions required i.e. bag and mask support, etc. | | | | | | | | | | | | |
| **Tracheostomy** | | | | | | | | | | | | |
| Type of tube \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Suction catheter size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Suction length \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Suctioning** | | | | | | | | | | | | |
| □ Oral □ Nasal  □ Yankauer or □ Catheter size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Suction device (equipment brand):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Additional information i.e. when suctioning required, frequency etc. | | | | | | |
| **Stoma Care** (if stoma care is the sole medical need of the child, or if it accompanies epilepsy/diabetes management, this will  not be deemed eligible for Schoolcare and will require referral to Stomal Therapy at the child’s relevant hospital) | | | | | | | | | | | | |
| □ Colostomy / Ileostomy  □ Vesicostomy  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Products used | | | Stoma care required at school? □ N □ Y  Bag emptying required at school? □ N □ Y  If yes, please specify times/signs to look for  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please indicate products used | | | | | Additional information i.e. input/output limits/expectations, signs of dehydration and management plan etc.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Epilepsy** (if epilepsy management is the sole medical need of the child, or if it accompanies stoma/diabetes management, this will not be deemed eligible for Schoolcare and will require referral to the [Epilepsy Foundation](http://epilepsyfoundation.org.au/) for information and training) | | | | | | | | | | | | |
| Has a seizure occurred in the last three years? □ N □ Y  Seizure frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is preventative medication currently being taken? □ N □ Y  Is emergency medication prescribed by the doctor? □ N □ Y  If Yes to any of these questions, complete and attach an  [**Epilepsy Foundation Management Plan**](http://epilepsyfoundation.org.au/epilepsy-management-plans/)and **Emergency Medication Management Plan** (also found at this link) as required | | | | | | | \*Please note: **Schoolcare Program** **training can only be scheduled once current and valid epilepsy plans are provided.**    Date of plan(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Epilepsy management documentation remains current for 12 months and must be reviewed and updated annually.** | | | | | |
| **Hypoglycaemia/Hyperglycaemia Management** (if diabetes is the sole medical need of the child, or if it accompanies stoma/epilepsy management, this will not [be deemed eligible for the Schoolcare Program. Please see DET website: Diabetes](https://www2.education.vic.gov.au/pal/diabetes/policy)) | | | | | | | | | | | | |
| □ Type 1 diabetes  □ Type 2 diabetes  □ Other | Is insulin prescribed for administration at school? □ N □ Y  Insulin type/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Delivery mode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Blood Sugar Level test required (please specify acceptable range and when to be tested)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | □ Action & Management plan for hypoglycaemia/hyperglycaemia/ diabetes (please attach)  Date of plan(s): \_\_\_\_\_\_\_\_\_\_\_\_  **Ambulance** - When to call  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Other** (please specify care need not otherwise listed) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Medical Practitioner Details** | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | |
| **Organisation and/or address** | | | | | | | | | | **Phone** | | |
| **Email** | | | | | | | | | | | | |
| **Signature of MP/Specialist** | | | | | | | | | | **Date** | | |
| **Parent/Guardian/Carer Details** | | | | | | | | | | | | |
| **Name** | | | | **Signature** | | | | | | **Date** | | |