**Student Hauora Plan**

Use the principles to guide you:

**Whanaungatanga** - Partnership

**Kotahitanga** - A shared journey

**Manaakitanga** - upholding dignity and respect for each other

**Kaitiakitanga** - Guided support and protection

**Kia tōkeke** - Equity and inclusion

**Te wāhi ki te ahurea** - Culturally responsive and mana sustaining practice

**Rangatiratanga** - Self-determination and choice

|  |
| --- |
| **Student Name:** [Full name] |
| **Year Level:** [Year group] |
| **School:** [School name] |
| **Date of Birth:** [DD/MM/YYYY] |
| **Teacher:** [Classroom teacher’s name] |

**1. Health condition**

|  |  |
| --- | --- |
| **Primary diagnosis:** [example: Type 1 diabetes, epilepsy, severe asthma, allergies, cerebral palsy]**Secondary conditions (if applicable):** [Any co-existing health issues] |  |
| **Medical specialist(s) involved:** [Names & contact details of GP, specialists, other health providers] |  |

**2. Medication & Treatment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication name | Dosage | When administered | Administration method | Staff responsible |
| [Medication 1] | [example:5mg] | [example: before lunch] | [example: Inhaler, oral] | [example: Teacher aide] |
| [Medication 2] | [example:10mg] | [example: PRN as needed] | [example: Injection] | [example: SENCO] |
| Medication must be stored in: [example: medical room/classroom/student’s bag] |  |
| Administered by: [example: trained staff member, nurse] |  |
| Emergency medication: [example: EpiPen, seizure rescue medication] |  |

**3. Emergency Action Plan**

**Signs of an emergency:**

☑ Difficulty breathing

☑ Loss of consciousness

☑ Seizures lasting more than 5 minutes

☑ Severe allergic reaction (anaphylaxis)

☑ [Other medical-specific signs]

**Immediate actions:**

1. **Stay with the student & send for help.**
2. **Follow emergency protocol:** [example: Give EpiPen, assist with inhaler, place in recovery position].
3. **Call 111 and notify whānau immediately.**
4. **Monitor student until medical help arrives.**

**Emergency contact details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact | Name | Phone Number | Relationship |
| Parent/Guardian | [Name] | [Phone] | [Mother/Father/Caregiver] |
| Alternate contact | [Name] | [Phone] | [Relative/Friend] |
| GP / Specialist | [Name] | [Phone] | [Doctor/Nurse] |

**4. Daily management in school**

* **Classroom adaptations:** [example: Close to teacher for monitoring, frequent movement breaks, access to water/snacks, specific seating needs, sensory needs]
* **PE & outdoor activities:** [example: Allow rest breaks, ensure medication is accessible].
* **Dietary needs:** [example: No dairy, must eat snacks at set times.]
* **Toileting and personal care:** [example: Assistance with toileting, use of mobility aids]

**5. Staff training and responsibilities**

* **Trained staff members:** [List staff trained to administer medication or respond in emergencies]
* **Training required:** [example: First aid, diabetes management, seizure response]
* **Training provider:** [example: School nurse, Ministry of Education team, external provider]

**6. Review and updates**

* **Plan review date:** [DD/MM/YYYY]
* **Reviewed by:** [Names of key staff, parents, specialists]
* **Changes needed:** [To be updated based on student needs]

**Signatures**

☑ Parent/Caregiver/Guardian: **[Signature]**
☑ School representative: **[Signature]**
☑ Health professional (if required): **[Signature]**