Condition Specific Medical Advice Form

For a Student with Diabetes

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. 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.

Name of Schoo <u>l: Rowville Secondary College</u>	Year Level:
Student's Name:	Date of Birth:
Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Diabetes Management	
Please provide relevant details in relation to the student's Diabetes mana	agement
Student self management	
Is this student usually able to self manage their own diabetes care? Yes No	
If no, please provide details in relation to how the school should support in developing selfmaragement.	the student
Relevant issues	
Please outline any relevant issues in relation to attendance at school and well as support required at school.	d learnin
First Aid— Signs of Hypoglycaemia (low blood glucose)	
Below is a list of observable signs that school staff will look for in relation hypoglycaemia. Please provide comment, if required.	to a
Mild signs sweating, paleness, trembling, hunger, weakness, changes in behaviour (e.g. crying, argumentæirøutbursts, aggressiveness), inability t clearly, lack of coordination	
Moderate signs inability to help oneself, glazed expression, being disorie unaware or seemingly intoxicated, inability to drink and swallow without rencouragementheadache, abdominal pain or nausea.	
Severe signs ability to stand, inability to respond to instructions, extreme disorientation, inability to drink and swallow (leading to danger of inhaling lungs), unconsciousness or seizures (jerking dcliving of face, body or limb	g food in <mark>t</mark> o
First Aid— Signs of Hyperglycaemia (High blood glucose)	

Sings for this condition will emerge over tws G2 (ae)5.7ae34ID 6 (n w)-10 (i)-2.7 (l)- gnc49 (g)-0.6 (0.7 (c)-).1(. .6 (o)-11(i)-2.7 (l))]TJ 0 Tc 0 Tw3 (w)97 eSih toaels

Below is a list of observable signs that school staff will look for in relation to

Hyperglycaemia. Please provide comment, if required.

Privacy Statement	
The school collects personal information so as the school can plan and support the health care needs of the student. We he provision of this information the quality of the health support provided may be affected. The information may be disdless or relevant school staff and appropriate medical personnel, including those engaged in providing health support as we be mergency personnel, where appropriate, or where authorised or required by another law. You are able to request according to the personal information that we hold about you/your child and to request that it be corrected. Please contact the scholiectly or FOI Unit on 96372670.	ose vell as ess to
Authorisation: Name of Medical/health practitioner: Professional Role: Signature:	

Date:

Date:

Contact details: