



Personal Care Medical Advice Form – Hunter Christian School

(for a student who requires support for Continence)

This form is to be completed by the student’s medical/health practitioner providing a description of the personal care requirements. 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 students’ health support needs.

Information is needed about how frequently support is needed and for how long. The school will endeavour to minimise disruption to the student’s socialization and participation:

Generally, support will take about _____ minutes _____ times each day.

Student Name	
Date of Birth	
Nature of the support	<input type="checkbox"/> Self – managed toileting reminders <input type="checkbox"/> Assisted toileting – verbal prompts <input type="checkbox"/> Assistance with hygiene e.g Cleaning body <i>(only in an emergency situation in consultation with the caregiver)</i> <input type="checkbox"/> Assistance with clothing <input type="checkbox"/> Supervision <input type="checkbox"/> Other
Equipment/supplies required	
Unplanned Event <i>(e.g. student is usually continent but could wet and soil occasionally; can change and clean up independently but will need reassurance)</i>	
Contact for Emergency supplies	

Authorisation	
Name of Medical/health practitioner:	
Professional Role:	
Signature & Date:	
Name of Parent/Carer:	
Signature & Date	