Melbourne Archdiocese
Catholic Schools

Medical Management Plan – for students diagnosed with cancer

MARYMEDE CATHOLIC COLLEGE
In the way of Mary

This plan is to be completed by the student's medical practitioner providing a description of the health condition, medical and health management, and first aid requirements for a student diagnosed with cancer. This plan will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs. **A separate Medical Management Plan is not required.**

Please only complete those sections in this plan which are relevant to the student's health support needs and are not outlined in current specialist reports/letters.

[insert school name] Medical Advice Plan	
Student Name	Insert photo of student
Student's Date of Birth	
Year level	
Class cohort	
MedicAlert Number (if relevant)	
Date of this Plan	Date for review (minimum annual review)
Is an interpreter required? ☐ Yes ☐ No	
Has cultural safety and/or cultural support been considered and offered if relevant? ☐ Yes☐ No Comment (if required)	

Parent/Guardian/Carer Contact 1	Parent/Guardian/Carer Contact 2
Name	Name
Relationship	Relationship
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Background information	
Please provide relevant information in relation to any issues to the student's attendance and learning as well as support required at school. The student's estimated length of treatment is _____	
Surgery	
Please provide relevant details in relation to treatment plan and recommended support.	
Radiotherapy	
Please provide relevant details in relation to treatment plan and recommended support.	
Chemotherapy	
Please provide relevant details in relation to treatment plan and recommended support.	
Chemotherapy side effects	
Please provide details in relation to side effects and associated first aid including: ☐ infection ☐ bleeding (nosebleeds, bleeding gums or abnormal bruising) ☐ fatigue ☐ fever and unwellness ☐ other (please specify)	
Curriculum participation	
Please provide details in relation to curriculum participation including: ☐ anticipated hospital admissions and absences ☐ fatigue and concentration difficulties ☐ fluctuating capabilities (eg pre/post-hospitalisation) ☐ learning difficulties ☐ other (please specify Is the student likely to require adjustments to support their participation, learning, and attendance in the school environment? ☐ Yes ☐ No	NB: The school is responsible for a student's learning program during hospitalisation. The program should be negotiated with hospital-based teachers to maximise continuity of learning and care. Consider what adjustments are required and supporting documentation (e.g. PLP, Attendance)

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Potential mental health issues	
Please provide details in relation to potential mental health issues including: ☐ Changes in appearance *(eg weight loss/gain, hair loss, limb loss)* ☐ Fluctuations in energy levels ☐ Absences ☐ Sibling issues ☐ Other *(please specify)* Is the student likely to require adjustments to support their participation and wellbeing in the school environment? ☐ Yes ☐ No	
Care of central venous (vein) catheters	
Please provide details in care of central venous (vein) catheters and associated first aid: ☐ Infusaport ☐ First aid is required for bruising, injury, redness or pain ☐ Central venous catheter ☐ First aid is required if loose bungs, cracked lines, pain, redness or any discharge observed or self-reported	
Other general care issues (please specify)	
☐ Tiredness ☐ Difficulties concentrating ☐ Fluctuating capabilities (eg pre/post-hospitalisation) ☐ Need for frequent, self-monitored physical activity ☐ Need to plan for episodic absence NB: School staff will develop a curriculum plan, if needed, to minimise disruption to the student's learning. ☐ Other (please explain)	

Check	Implications for education and care (indicate all applicable)
	Impact on attendance onsite at school
	Impact on capacity to maintain attention or participate in routine educational activities
	Limitations on mobility or physical activity, requires mobility support
	Personalised care and support needs (e.g., toileting, feeding, suctioning etc.)
	Requires a Behaviour Support Plan, Safety Plan, or additional supervision, e.g., flight risk, scalability assessment
	Requires communication support or Augmentative and/or Alternative Communication
	Requires complex care (e.g., catherisation, STOMA care, tracheostomy care, etc)
	Consideration for camps, excursions, incursions and/or other activities of the school
	Consideration for transportation
	Other – please specify (e.g., work experience/education placement)

List any current medication(s) prescribed for the student. Please note that for the administration of any prescribed or over-the-counter medication required at school, a Medication Authority Form must also be completed and updated as required.

List:

- any medication required to be administered at school
- any medication to be administered for an acute episode or in an emergency
- the response required if the student does not respond to initial treatment
- when to call an ambulance for assistance

Name of medication	**Medication information/effect/administration advice (nightly, daily etc)**
Name of medication	**Instructions for administration for an acute episode in response to specific symptoms**
Name of medication	**Instructions for emergency administration**

First Aid

If the student becomes ill or injured at school, the school will administer first aid and call an ambulance, if necessary, as per the school's First Aid Policy informed by the First Aid Policy for MACS Schools. If you anticipate the student will require anything other than a standard first aid response, please provide details below to be considered as part of the response.

Observable signs/reactions	First aid response (Please describe actions, external support, and potential tools e.g. medications, etc)

Declaration	
This Medical Advice Plan has been developed with my knowledge and input.	
Date	
Name of treating AHPRA** registered health practitioner	
Hospital URL	
AHPRA registration number	
Medical practitioner contact details	
Address	
Email	
Telephone	
Signature of practitioner	
Date	
Parent/Guardian/Carer details or Mature minor*	
Name of parent/guardian/carer	
Signature	
Date	
Name of parent/guardian/carer	
Signature	
Date	
Principal details	
Name of principal (or nominee)	
Signature	
Date	

Approval authority	Director, Learning and Regional Services
Approval date	24 August 2023
Next review	Feb 2026