



Student health support plan for cystic fibrosis

This document has been developed as a guide for principals, teachers and parents to use when completing a student health support plan for a child with cystic fibrosis (CF). A blank form is available from cfsmart.org

School:	Date plan created:
Student's name:	Date for plan to be reviewed for following year:
Date of birth:	
Year level:	Medical Practitioner contact:
Student's teacher:	Phone:
	Email:
	CF Clinic contact:
	Phone:
	Email:
PARENT/CARER CONTACT INFORMATION:	
Name:	Name:
Relationship to student:	Relationship to student:
Home phone:	Home phone:
Mobile:	Mobile:
Work phone:	Work phone:
Address:	Address:
Email:	Email:
PARENT RESPONSIBILITIES:	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
SIGNS OR SYMPTOMS TO BRING TO PARENTS' ATTENTION AT END OF THE DAY:	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

MEDICATIONS	REASON USED	WHEN REQUIRED
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

OTHER CONSIDERATIONS	REASON	MANAGEMENT IN CLASS
<input type="checkbox"/>		
<input type="checkbox"/>		
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<input type="checkbox"/>		
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Adapted from The Cystic Fibrosis Care Plan from DECS 2009, South Australia



Student health support plan for cystic fibrosis: Emergency action plan

SITUATION	SYMPTOMS	ACTION REQUIRED