



Request for support at school of a student's long term health condition

Please remember to sign and date the form on page 2 before returning it to the school

1. Student details

First name: Last name:

Date of Birth:

Enrolled in Year at this school. Class if known:

Health/medical conditions:.....

Could your child experience an emergency reaction in relation to this condition? (please tick)

Yes No

GP's name/medical centre:.....

GP's address:

GP's phone number:

2. Request for administering prescribed medication to the student

Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.

Name of prescribed medication:.....

Prescribed for (name of medical condition):.....

Prescribed dosage:

What are you requesting the school to do?

.....

Expiry date of the medication:

Special storage requirements if any eg in refrigerator:

.....

Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water:

Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication?

Yes No If Yes, please provide more information:

.....



3. Request for other support

Please provide details of any other health care support needs of your child while they are at school and involved in school activities.

.....
.....

4. Parent contact details

Name:

Relationship to child:

Address:

Home phone: Work phone:..... Mobile phone:

Email:

Parent or carer signature: Date:.....

Privacy notice

The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.



Parent consent for a doctor to provide information about their child's health condition

This form is to be completed by the parent.

My child (student's name)
is currently enrolled or applying for enrolment at school.

I understand that the school may need to discuss the implications of my son's or daughter's medical condition so that the school can consider support for him or her during school hours.

I give my permission for the doctor named below to give the school information about how to manage my son's or daughter's health condition at school.

Doctor information: Name: Address: Phone: Email (if known): Fax (if known):
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I understand the information given may be discussed by the principal of the school with other members of the school staff, as is necessary, enabling staff to care for my child.

Signed:
(Parent/Carer)

Date: