



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

This request form includes 4 sections:

1. Student details (page 1)
2. Request for administering prescribed medication (page 2)
3. Request for other support (page 4)
4. Parent and emergency contact details (page 5)

Please remember to sign and date the form on page 5 before returning it to the school.

1. Student details

First name: Last name:

Date of Birth:

Enrolled at this school Yes No Class if currently enrolled:

Current school if not enrolled:

Health/medical condition:
.....
.....

Could your child experience an emergency reaction in relation to this condition? (please tick) Yes No

Doctor's name/medical centre:

Doctor's address:

Doctor's phone number:

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child.

| Allergy/medical condition | Doctor's name | Address | Telephone |
|---------------------------|---------------|---------|-----------|
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If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.



Secure delivery of prescribed medication is important for the safety of your child as well as for the safety of other students in the school.

Please name the person who will carry the medication to school:

.....

Note: if you are unable to deliver the medication to school, it is advisable that you nominate a responsible person, who is not a school staff member, to transport the medication to the school.

For some medications and some students it can be appropriate for them to carry their own medication to and at school. For example, asthma reliever medication and pancreatic enzymes for cystic fibrosis. If your child is to carry their own medication we want to be able to support this and request some information so that we are well informed.

Note: The school may still need you to provide the school with an additional supply of the medication for storage in central location/s within the school and for use if your child needs the schools help.

Would you like the principal to consider a request for your child to carry their medication?

Yes No

Note: The Principal needs to approve a decision for a student to carry their own medication at school.

If yes, please describe where and how your child will carry this medication, for example, my child will carry it on their person in a medical pouch or bum bag.

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.....
.....

Note: Your child's medication should be clearly labelled with their name..



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.