



Letter to parents requesting completion of *Request for support at school of a student's health condition*

Dear Parent or Carer

You have said that your child has a health condition which may require support at school. While the main role of the school is to provide education, we want to work with you to keep your child healthy and safe at school.

Please complete the attached form *Request for support at school of a student's health condition* in English and return it to me. The form should be completed based on information provided by your doctor. (You may wish to discuss the information required with the doctor.) The form includes sections where you can request the administration of prescribed medication and/or other assistance.

When I receive your request for support, I will need to discuss it with relevant staff, and I will then contact you again.

Please advise me at any time if there are changes in the information about your child's health care needs or if I can assist you.

Yours sincerely

Jock Garven

Principal

Office Use Only:

Reviewed by: Jock Garven, Principal

Signed: _____

Dated: _____

To be returned:

- Health Care Plan
- Request for Support
- Asthma Action Plan
- ASCIA Anaphylaxis/Allergy Plan
- Other _____

To be actioned:

- WHS updated
- Uploaded into Sentral/ERN/Faculty



General information

Name of child _____ Date of birth _____

Enrolled at this school Yes No Class if currently enrolled _____

Current school if not enrolled _____

Parent/carer contact information

Parent or carer 1

Name _____

Relationship to child, for example mother _____

Address _____

Home phone _____ Work phone _____

Mobile phone _____

Parent or carer 2

Name _____

Relationship to child, for example mother _____

Address _____

Home phone _____ Work phone _____

Mobile phone _____

Medical practitioner contact

Name _____

Address _____

Phone _____

Health/medical condition (please describe)

Could this condition result in an emergency situation occurring? Yes No

Request to administer prescribed medication to the student

(Note: If your child needs to take more than one prescribed medication, please attach a separate request for each medication.)

Name of prescribed medication _____

Name of medical condition the prescription is treating _____

Prescribed dosage _____

What are you requesting the school to do? _____

Any special storage requirements e.g. in refrigerator? _____

Special instructions for administering the prescribed medication, e.g. must be taken with food or with a glass of water _____

From information you have got from your doctor or from your own knowledge, are you aware of any side effects from this medication? Yes No

If yes, please provide more information _____

If your child self-administers the medication at home, do you request that your child self-administers at school? Yes No (Note: The Principal needs to approve a decision for a child to self-administer.)

If your child self-administers at home, what level of support do you provide? (Please describe)

Name of person who will carry the medication to school _____

Request for other support

Parent or carer signature _____ **Date** _____

Privacy Notice

The information requested on this 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 Training 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.