

Dear Parent/ Carer

You have indicated that your child has a health condition which may require support at school or when involved in school activities, for example, a school excursion. 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.

To assist us support your child, please complete the attached form *Request for support at school of a student's health condition* on the basis of information provided by your medical practitioner and return it to me. (You may wish to discuss the information required with the medical practitioner.) The form includes sections where you can request the administration of prescribed medication and/or other assistance.

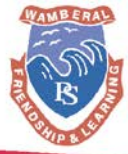
When I receive your request for support I will need to discuss it with relevant staff and will contact you if further information is required.

If you do not feel your child requires support at school for this condition, please return the attached information stating that your child does not require an individual health plan.

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

Jane Rees
Deputy Principal



Request for Support of a Student's Health Care Needs

This request form includes four sections – all sections are to be completed and the parents / carers are to **sign on each page**.

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

Privacy notice *The information requested on these forms 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 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. This information may be shared with other staff involved in the care of your child. You may correct any personal information provided at any time by contacting the Principal.*



Request for Support of a Student's Health Care Needs

Part 1: Student Details

First Name:	Last Name:
Date of birth:	

Enrolled at (name of school):

Health / medical conditions:

Could your child experience an emergency in relation to this condition:	Yes	No
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Emergency response procedures
*An emergency care/response plan is required if the student is diagnosed at risk of a medical emergency at school.
 For students at risk of anaphylaxis the [ASCIA Action Plan for Anaphylaxis](#) is the emergency response plan. This plan is obtained by the parent from the student's doctor and **not developed** by the school.*

Existing health care or medical plan in place	Yes	No
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Type of plan (eg ASCIA Allergy Plan)

This is attached to this form (if not, I understand I need to provide it to Wamberal Public School)	Yes	No
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Doctor's name:	Address:
	Contact number:

Details of other treating doctors or medical specialists

Allergy/Medical Condition	Name of doctor	Address	Contact number

Special medical notes. Any special medical notes relating to religion, culture of legal issues, eg. blood transfusions.
Note: If the student is transferred to the care of medical personnel, eg. paramedics this information, will if practicable in the circumstances, be provided to those personnel. It will be a matter for the professional judgment of the medical personnel whether to act on the information.

Privacy notice *The information requested on these forms 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 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. This information may be shared with other staff involved in the care of your child. You may correct any personal information provided at any time by contacting the Principal.*

Parent signature/s: _____
Parent name/s: _____
Date: _____



Part 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.

Note: if there is no medication to be administered, please 'strike through' this form with N/A

Name of prescribed medication:		
Name of medical condition for which medication is prescribed for:		
Prescribed dosage:		
What are you requesting the school to do?		
Expiry date of medication: <i>Note: if you can't provide this information now we will need to know the expiry date when the medication is given to the school.</i>		
Special storage requirements	No	Yes (please detail)
Special instructions for administering medication <i>eg. take with food</i>		
Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication?	No	Yes (please detail)
Does your child self-administer this medication at school?	No	Yes
If yes, is this medication of anaphylaxis and / or asthma?	No	Yes (please complete separate authority form)
If your child's medication is not for anaphylaxis and/or asthma, please detail what support your child needs to administer medication in a non-emergency situation at school. You may like to include information about how you support your child at home.		
Parent signature/s: _____		
Parent name/s: _____		
Date: _____		



Part 2: Request for administering prescribed medication to the student (continued)

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:

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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.

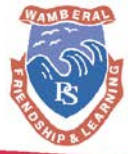
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Note: Your child's medication should be clearly labelled with their name.

Parent signature/s: _____

Parent name/s: _____

Date: _____



Part 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.

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Parent signature/s: _____

Parent name/s: _____

Date: _____



Part 4: Parent/Carer Contact Details

Parent / Carer Name:	
Relationship to child:	
Address:	
Phone – home:	Phone – mobile:
Phone – work:	Email:

Parent/ Carer Name:	
Relationship to child:	
Address:	
Phone – home:	Phone – mobile:
Phone – work:	Email:

EMERGENCY CONTACTS IF PARENT/CARER NOT AVAILABLE	
Name:	
Relationship to child:	
Address:	
Phone – home:	Phone – mobile:
Phone – work:	Email:
Name:	
Relationship to child:	
Address:	
Phone – home:	Phone – mobile:
Phone – work:	Email:

Parent signature/s: _____
Parent name/s: _____
Date: _____