

Request for Support at School of a Student's Health Condition

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:

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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

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.



2. 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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3. 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.