

Student Health Condition Support

Dear Parent/Carer,

You have indicated on your child's enrolment form 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 Living 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*, 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 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

Signature

Bhavni Stewart

Administration Manager

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

This request form includes 4 sections:

1. Student details (page 2)
2. Request for administering prescribed medication (page 3)
3. Request for other support (page 5)
4. Parent and emergency contact details (page 6)

Please remember to sign and date the form on page 6 before returning it to Living 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:.....

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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 (e.g. preschool, occasional care, etc) please provide it to Living School as an attachment to this form.



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 Living School to do?

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Expiry date of the medication:

Note: if you can't provide this information now we will need to know the expiry date when the medication is given to Living School.

Special storage requirements if any e.g. in refrigerator:

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

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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:

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If your child administers his or her own medication at home, do you request that he or she self administers this medication at school?

Yes

No

Note: the Conductor needs to approve a decision for a student to self administer.

If yes, please describe what support your child needs to administer the medication in a non emergency situation at school. You may like to include information about how you support your child at home to administer their medication.

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Note: Where possible, the medication should be provided to Living School in its original pharmacy packaging.

Secure delivery of prescribed medication is important for the safety of your child as well as for the safety of other students in Living 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 Living 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: Living School may still need you to provide an additional supply of the medication for storage in central location/s within Living School and for use if your child needs Living School's help.

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

Yes No

Note: The Conductor 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.



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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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 Living School to plan for the support of your child's health needs. It will be used by Living School 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, Living 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 Conductor.