

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

Student information

Name of student: DOB: / /

☐ Enrolled or ☐ Seeking enrolment (tick)

Class (if enrolled): School

Parent/Carer Information (1)

Name:

Relationship to student:

Address:

Home phone: Work phone

Mobile phone:

Parent/Carer Information (2)

Name:

Relationship to child:

Address:

Home phone: Work phone

Mobile phone

Medical Practitioner Contact

Name:

Address:

Phone:

Health/Medical Condition

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Could your child experience an emergency reaction in relation to this condition?

Yes ☐ No ☐

(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 the school to do?

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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 water*:

Through information you have obtained from your doctor or your pharmacist, are you aware of any likely side effects from the prescribed medication?

Yes ☐ No ☐

If yes, please provide more information

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Supply and Packaging of Medication

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.

When a medical practitioner has prescribed medication that must be administered during the school day, it is the responsibility of the parent/carer, or nominated responsible person, to deliver the medication to the school.

Medication must also be delivered in its original sealed packaging, or Webster-pak, with an attached prescription pharmacy label which includes;

- Student name
- Prescribed dosage
- Expiry date of medication
- Special storage requirements if any e.g. in refrigerator, and
- Special instructions for administering the medication if any e.g. medication to be taken with food/water etc.

A current paediatrician report (within 12 months) and copy of the prescription is also required to be kept on file at 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 or student, to transport the medication to the school.

For some medications it can be appropriate for them to carry their own medication to school, e.g. asthma medication, Epi-pen.

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. The school may also 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 school's help.

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/carer's signature:

Date / /

Privacy notice

The information request 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 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.