

# Lynwood Park Public School

Great expectations – Great attitudes – Great achievements – Great school



Dear .....

You have indicated 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*, 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

Rita Porteous

Principal

..... / ..... / .....

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

**Information**

Name of child: ..... DOB: .....

Enrolled or  Seeking enrolment (tick)

Class (if enrolled):..... School:.....

**Parent contact**

Parent information (1)

Name:.....

Relationship to child:.....

Address: .....

Home phone: ..... Work phone: .....

Mobile phone:.....

Parent information (2)

Name:.....

Relationship to child:.....

Home phone: ..... Work phone: .....

Mobile phone:.....

Medical practitioner contact

Name:.....

Address: .....

Phone:.....

*Health/medical condition (three lines)*

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Could your child experience an emergency reaction in relation to this condition? Yes  No

**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 the school to do? .....

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

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

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

Yes       No       If Yes, Please provide more information:

.....

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 Principal needs to approve a decision for a student to self administer).*

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

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Name of person who will carry the medication to school:.....

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## Request for other support

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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 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.