

## Student Health Condition Support

Dear Parent/Caregiver,

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.

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 medication and/or other assistance.

When we receive your request for support it will be discussed with relevant staff and you will be subsequently contacted.

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

*Naomi Terace*

Principal Forestville Public School  
7 Melwood Avenue Forestville NSW 2087 T: 9452 5444  
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# Parent Request for Support at School of a Student's Health Condition

This request form includes 5 sections:

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

Please remember to sign and date the form on page 5 before returning it to the school.

## 1. Student details

First name: .....

Surname: .....

Date of Birth: .....

Class : .....

Health/medical condition:.....  
.....

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

## 2. Request for administering prescribed medication to the student

Please note the storage requirements of **Schedule 8 prescription medications** as per the NSW Department of Education policy below.

- Schedule 8 drugs are to be provided in the original pharmacy packaging or a dose administration aid such as a blister pack with the pharmacy label attached.
- If your child is taking partial tablets, please ask your pharmacist to prepare a blister pack of your child's medication that the school will be dispensing on your behalf.

*Note: if your child is to take more than one prescribed medication, please note each medication separately below:*

1. Name of prescribed medication: .....

Prescribed for (name of medical condition): .....

Prescribed dosage: .....

Time of administration: .....

Has your child taken this medication before?      Yes                      No

2. Name of prescribed medication: .....

Prescribed for (name of medical condition): .....

Prescribed dosage: .....

Time of administration: .....

Has your child taken this medication before?      Yes                      No

3. Name of prescribed medication: .....

Prescribed for (name of medical condition): .....

Prescribed dosage: .....

Time of administration: .....

Has your child taken this medication before?      Yes                      No

What are you requesting the school to do? .....

.....

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 got yourself, are you aware of any likely side effects from the prescribed medication?

Yes                      No                      If Yes, please provide more information:

.....

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 adult who will carry the medication to school:

.....

*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.*

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

### 3. Request for administering non-prescribed medication to the student

Name of non prescribed medication: .....

Reason for requiring medication: .....

Dosage: .....

Time of administration: .....

Has your child taken this medication before?    Yes            No



## 5. 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.*