



GLENDORE PUBLIC SCHOOL

Where Everyone can Succeed

RESPECT

CARING

LEARNING

SUCCESS



CALLAGHAN
EDUCATION
PATHWAYS

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:

Health/medical condition:

.....

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

2. Request for administering non-prescribed medication to the student.

Note: if your child is to take more than one non-prescribed medication, please attach a separate request for each medication.

Name of non-prescribed medication:

.....

Prescribed for (name of medical condition):

Prescribed dosage:

What are you requesting the school to do?

.....

Start date of the medication:

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 the school.

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

.....

Special instructions for administering the non-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 non-prescribed medication?

Yes

No

If yes, please provide more information:

.....

Note: The medication must be provided to the school in its original pharmacy packaging or webster pack.

Secure delivery of non-prescribed medication is important for the safety of your child as well as for the safety of other students in the school.

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.