



HUNTER
SCHOOL OF THE
PERFORMING
ARTS

PERFORMING AT OUR BEST

109 LAMBTON ROAD
BROADMEADOW NSW 2292
TEL 4952 3355 • FAX 4956 2428

www.hspa.nsw.edu.au • @hspaofficial
huntperfor-h.school@det.nsw.edu.au

Dear Parent or Carer,

REQUEST FOR SUPPORT AT SCHOOL OF A STUDENTS HEALTH CONDITION

Please find attached all relevant paperwork regarding staff assistance with medication and health needs for your child as discussed.

Please also complete the attached form *Request for support at school of a student's health condition* and return it to the School Office. The form should be completed on the basis of information provided by your doctor. The form includes sections where you can request the administration of prescribed medication and/or other assistance from Staff.

When we receive your updated information, if any further discussion needs to occur or if there are changes in the information about your child's health care needs, please contact Paula Greentree on 4952 3355.

Please ensure all relevant and up to date documentation is supplied to the school as soon as possible.

Please do not hesitate to contact the school should you require any further information.

Yours sincerely,

Jo Gray
Principal



General information

Name of child _____ Date of birth _____

Enrolled at this school Yes No Class if currently enrolled _____

Current school if not enrolled _____

Parent/carer contact information

Parent or carer 1

Name _____

Relationship to child, for example mother _____

Address _____

Home phone _____ Work phone _____

Mobile phone _____

Parent or carer 2

Name _____

Relationship to child, for example mother _____

Address _____

Home phone _____ Work phone _____

Mobile phone _____

Medical practitioner contact

Name _____

Address _____

Phone _____

Health/medical condition (please describe)

Could this condition result in an emergency situation occurring? Yes No

Request to administer prescribed medication to the student

(Note: If your child needs to take more than one prescribed medication, please attach a separate request for each medication.)

Name of prescribed medication _____

Name of medical condition the prescription is treating _____

Prescribed dosage _____

What are you requesting the school to do? _____

Any special storage requirements eg in refrigerator? _____

Special instructions for administering the prescribed medication, eg must be taken with food or with a glass of water _____

From information you have got from your doctor or from your own knowledge, are you aware of any side effects from this medication? Yes No

If yes please provide more information _____

If your child self administers the medication at home, do you request that your child self administers at school? Yes No (Note: The Principal needs to approve a decision for a child to self administer.)

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

Name of person who will carry the medication to school _____

Request for other support

Parent or carer signature _____ **Date** _____

Privacy Notice

The information requested on this 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.