



# Glendale Technology High School

"Educate for Life"

PO Box 3067  
Glendale 2285  
Ph. 02 4954-9166  
Fax. 02 4956-6879

Email – [glendale-h.school@det.nsw.edu.au](mailto:glendale-h.school@det.nsw.edu.au)

Dear Parent / Carer

If your child requires medication whilst on camp, the following notes will provide us with your consent to administer this and provide all information necessary.

Please note that we will require all medication to be brought in with the student prior to camp departure and be appropriately labelled with the following:

- A label attached to the original prescription medication container including the student's full name
- Strength and description / name of medication
- Dose and route of administration (may include the duration of therapy)
- Initials / logo of the pharmacist taking responsibility
- Time or interval the medication is to be taken
- Any other relevant directions to us eg whether the medication is to be taken with food
- The pharmacy label should include the name of the medical practitioner, which indications that it has been prescribed.

Please strongly consider having your pharmacist dispense scripts in a Webster pack. By having tablets stored in a Webster packs, schools can easily identify how many tablets are provided to the school for administration.

These notes, any medical plans that may assist us and medication (if possible) will be required to signed in at the office by **Monday 25<sup>th</sup> November 2024**.

**Any questions or issues, please reach out to the school via email or phone and ask for Mr Jeffrey Groth.**

Regards,

Mr Anthony Angel

Principal

Mr Jeffrey Groth

Year 9 Year Advisor

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

This request form includes 4 sections:

1. Student details
2. Request for administering prescribed medication
3. Request for other support
4. Parent and emergency contact details

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

## 1 Student details

First name. .... Last name .....

Date of Birth: .....

Enrolled at this school: Yes  No  Class, if currently enrolled: .....

Current school if not 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

If your child has a documented plan to support any health or medical needs from a previous school or organisation (e.g. preschool, occasional care, etc) please provide it to the school as an attachment to this form.

## 2. 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? .....

.....

.....

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 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:

.....

.....

Note: Where possible, the medication should be provided to the school in its original pharmacy packaging.

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 person 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 or student, to transport the medication to the school.*

For some medications and some students it can be appropriate for them to carry their own medication to and at school. For example, asthma reliever medication and pancreatic enzymes for cystic fibrosis. If your child is to carry their own medication we want to be able to support this and request some information so that we are well informed.

*Note: The school may still need you to provide 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.*

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.*

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.

.....

.....

.....

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



#### 4. 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.*