Letter and form for the Parent(s) to take to the Medical Practitioner

Dear Doctor,

The parent bearing this letter has advised the school that your patient ____________________________ is at risk of anaphylaxis (severe allergic reaction) when exposed to certain allergens.

To assist the school in providing a safe environment for the student I have asked this parent to seek information from you about:

• known allergens
• medication prescribed
• when and how medication should be administered
• any other details you believe are important.

This information should be provided to the parent so that it can be conveyed to the school. Please provide this information on the attached form or in your own format. This information will be critical in managing this student should an anaphylactic reaction occur.

Please telephone the school on 9521 2099 if you require further information.

Thank you for your attention to this matter.

Yours sincerely

R J Hollywood
Principal

I ______________________________consent to this information being provided

(parent)

for the school’s use.

Parent signature: ................................................................. Date.................
Medical Information for the School

Information to be completed on the basis of information from the patient’s medical practitioner

Name of Student: _________________________ Class or Year: __________

This student has allergies to:
__________________________________________
__________________________________________  □ anaphylaxis

This student has:
☐ mild asthma  ☐ moderate asthma  ☐ severe asthma

Other medical conditions (eg diabetes, epilepsy):
__________________________________________
__________________________________________

Prescribed medication: _________________________________________________

Other information: __________________________________________________

__________________________________________

Authorisation to contact Medical Practitioner

My child (student’s name) _________________________ is currently enrolled or applying for enrolment at Kirrawee High school.

I understand that the school may need to discuss the implications of my child’s medical condition so that the school can support my child during school hours and during activities conducted under the auspices of the school.

I hereby give my permission for the school to contact my child’s medical practitioner to obtain necessary information.

Medical practitioner information:

Name: _________________________

Address: _________________________

Phone: _________________________ Mobile (if known):

Email (if known): _________________________ Fax (if known):

I understand the information so disclosed may be discussed by the principal of the school with other members of the school staff, as is necessary, enabling staff to care for my child.

Signed (Parent): _________________________ Date: _________________________