



Dear Parent / Carer

Do you have a child with a verified disability and/or specialised health needs, e.g. Epilepsy, Diabetes, Anaphylaxis?

If so please complete and sign the attached form and then staple it to your Enrolment Form.

Your cooperation in this matter will assist us to meet your child's individual needs within the school environment.



# State Schools Nursing Services

## Student referral

### Privacy statement

The Department of Education (DoE) is collecting personal information regarding you and your child in order to provide State Schools Nursing Services. This form will be stored in the student's file and only be accessed by the State Schools Registered Nurse and school staff involved in your child's education program. This information will not be given to any other person or agency unless you give permission or DoE is authorised or required to by law.

### Eligibility

State Schools Nursing Services are available to students who have a health support need at school and are enrolled in a Queensland state school, or registered and attending an Early Childhood Development Program.

Nursing services include:

- development of Individual Health Plans (IHP) and Emergency Health Plans (EHP)
- education and training for school staff supporting students with long-term health conditions and/or requiring health support procedures at school
- ongoing direct and indirect support and supervision for staff members who deliver student health support procedures
- support with school activity risk management for students with long term health conditions.

### Referral process

A referral requesting the service **must be signed by the Principal** of the school prior to seeking parental consent. A separate referral is required for each student accessing the service.

After receiving the completed referral form and ensuring the student is eligible, the State Schools Registered Nurse (SSRN) will contact the nominated school contact person to discuss the support required and when that service may be available.

### SCHOOL TO COMPLETE

<b>School</b>			
<b>Student</b>			
<b>DOB</b>		<b>EQID</b>	
<b>Diagnosed Health condition/s</b>			
Please list the specific routine, occasional and emergency <b>health support procedure/s</b> that are required to support the student at school			



CONTACT PERSON DETAILS			
Contact Person			
Position		Phone	
Signature		Date	

PRINCIPAL AUTHORISATION			
<input type="checkbox"/>	I have discussed the proposed referral and consent with the student and/or parent/carer, including the requirement that they must provide consent before the service can be provided and before the proposed use and disclosure of any personal information.		
<input type="checkbox"/>	I have confirmed with the parent/carer that the information provided to the school about the student's health condition is current.		
Principal			
Signature		Date	

PARENT/CARER OR STUDENT TO COMPLETE			
<input type="checkbox"/>	I consent (for my child) to receive State Schools Nursing Services		
<input type="checkbox"/>	I understand that the services provided and any follow up will occur as deemed appropriate by the SSRN		
<input type="checkbox"/>	I understand that I must inform school staff as soon as possible of any changes to my (child's) health status or health procedure/s		
<input type="checkbox"/>	I understand that the SSRN will talk to school staff about the provision of health support at school for me (my child)		
Parent/carer name		Phone	
Signature		Date	
The student can only consent by signing this form if the principal decides they have the appropriate maturity and understanding to give informed consent. Otherwise, the parent/carer must sign the form on behalf of the student.			
Student name		Phone	
Signature		Date	

STATE SCHOOLS NURSING SERVICES			
Comment			
Registered Nurse			
Signature		Date	