CONFIDENTIAL

Verification of medical condition

The Northern Health School provides a transitional teaching service which supports the educational progress of students who have high health needs. In doing this, we work collaboratively with parents/caregivers, local schools and other relevant agencies, to assist in re-entry to school following significant absences for health reasons. It is essential the **student remains enrolled in his/her school** as this service is not an alternative provider. If there is an extraordinary reason why this is not possible, please state below.

Students whose high health needs have been identified by a **CAMHS team, or by a qualified medical practitioner specialising in the condition** which is preventing the student from attending school in regular school settings may be eligible if they are participating in either

- an active treatment programme for their medical condition, ***or***
- a health funded mental health programme

Thank you for your assistance

STUDENT DETAILS

Student full name

Date of birth

PARENT / GUARDIAN CONSENT

In signing the Northern Health School enrolment form, the parent/caregiver (or student if 18 years old or over) consents to health information relevant to the educational programme being obtained and shared.

MEDICAL PRACTITIONER TO COMPLETE REASON FOR MEDICAL CONDITION / REFERRAL

This patient has the following medical condition

In your judgement how does this condition prevent this student from attending school?

This patient (please tick as appropriate)

☐ is on an active treatment programme for his/her medical condition

☐ is on a health funded mental health programme

☐ has been referred to_____ by _____

In your opinion, when will this student be ready to return to school?

Part time (date) _____ Full time (date) _____

Medical certificate valid from (date) _____to (date) _____

Note *continued admission/enrolment at Northern Health School is subject to verification of the medical condition stated above. For most students, this verification expires after 15 weeks.*

Name of medical practitioner (please print)		Signature
Registration No	Phone	Date

Address of medical practice

Keyworker (Please include phone and/or email)

Northern Health School, Private Bag 99 907 Newmarket Auckland 1149
University of Otago House, 385 Queen Street, Level 6, Auckland 1010
Phone (09) 520 3531 0800 153 002 Fax (09) 520 3591
admin@nhs.school.nz www.nhs.school.nz