

Verification of medical condition



The Northern Health School works collaboratively with parents/caregivers, local schools and other relevant agencies to provide transition and teaching services for students who have high health needs. These needs will have been identified by a CAMHS team, or by a qualified medical practitioner specialising in the condition and will be involved in an active treatment programme. **Students remain enrolled in their school** as this service is not an alternative provider. If there is a reason why this is not possible, please state below.

STUDENT DETAILS

Students 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)

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