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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

Student's first name (LEGAL)	Student's surname (LEGAL)
Student's preferred first name	Student's preferred surname
Date of birth	
Parent/guardian name	Parent/guardian contact number

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 their 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) _____

Any other relevant information

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 clearly)	Signature	
Registration No	Phone	Date
Name of medical practice		
Keyworker (Please include phone and/or email)		

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