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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)		
<input type="checkbox"/> is on an active treatment programme for their medical condition		
<input type="checkbox"/> is on a health funded mental health programme		
<input type="checkbox"/> 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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