



**Cherrybrook
Technology
High School**

28-44 Purchase Road
Cherrybrook NSW 2126

Telephone
02 9484 2144

Email
cths@cths.nsw.edu.au

Website
<https://cths.nsw.edu.au>

Principal
Mr M Townsend

Deputy Principals
Mr B Clements
Mrs A Gatt
Mr M Fisher
Ms R Donoghue

October 2025

Medical Information Request for Students with a Health Condition

Dear Parents/Carers

Cherrybrook Technology High School is currently reviewing all student health care plans and updating Individual Health Care Plans as per Department of Education policy.

If your child has a health condition which may require support at school or when involved in school activities, for example school excursions, the enclosed **Individual Health Care Plan Cover Sheet** and **Parent consent for a doctor to provide information about their child's health condition** must be completed by parents and carers.

These conditions include **Anaphylaxis, Severe Asthma and Serious Medical Conditions** (eg Diabetes, Epilepsy etc).

While the main role of the school is to provide education, we would like to support you by keeping your child healthy and safe at school.

Please complete and sign these forms, on the basis of information provided by your doctor.

We ask you to please **return the attached information to the school via email - only if your child has a serious medical condition.**

Please advise the Head Teacher Wellbeing at any time if there are changes to the information about your child's health care needs at peter.hind@det.nsw.edu.au

Yours sincerely

Mr Matt Townsend
Principal

Mr Peter Hind
Head Teacher Wellbeing

Individual Health Care Plan Cover Sheet

This template forms the cover sheet for an individual health care plan. Additional information and attachments will be relevant to meet the specific health care needs of the student.

The individual health care plan must address the needs of the student in the context of the school and the activities the student will be involved in. Planning must take into account the student's full range of learning and support needs.

The individual health care plan is developed in consultation with the parent, staff and student, where practicable, and on the basis of information from the student's doctor, provided by the parent.

For more information see <http://www.schools.nsw.edu.au/studentsupport/studenthealth/index.php> and for students with anaphylaxis see the Anaphylaxis Procedures for Schools.

The plan will be reviewed on:

NOTE: Individual health care plans should be reviewed at least annually or when the parent notifies the school that the student's health needs have changed. Principals can also instigate a review of the health care plan at other times.

School	Cherrybrook Technology High School		Phone	9484 2144
Principals Network	Hills Network			
Student name			Class	
Date of birth		Medicare number		
ERN/Student number				
Health condition/s				
If anaphylaxis, list the confirmed allergies				
Learning and support needs of the student (including learning difficulties, behaviour difficulties and other disabilities)				
Impact of any of the conditions (as mentioned above) on implementation of this individual health care plan				
Medication/s at school				

Medication supply, storage and replacement. For anaphylaxis this will include the adrenaline autoinjector			
Other support at school			
Parent/Carer contacts:	Parent/Carer information (1)		
	First name		
	Surname		
	Relationship to child		
	Address		
	Home phone		
	Work phone		
	Mobile phone		
	Parent/Carer information (2)		
	First name		
	Surname		
	Relationship to child		
	Address		
	Home phone		
	Work phone		
	Mobile phone:		
	Emergency contacts (if parent/carers unavailable)	First name	
		Surname	
Relationship to child			
Address			
Home phone			
Work phone			
Mobile phone			

Medical practitioner / doctor contact:	First name	
	Surname	
	Address	
	Phone	
	Mobile (if known)	
	Email (if known)	
	Fax (if known)	

Emergency Care
Notes:
 An emergency care/response plan is required if the student is diagnosed at risk of a medical emergency at school. For students at risk of anaphylaxis the [ASCIA Action Plan for Anaphylaxis](#) is the emergency response plan. This plan is obtained by the parent from the student's doctor and not developed by the school.

Emergency Service Contacts: (eg ambulance, local hospital, medical centre)

1. _____

2. _____

3. _____

In the event an ambulance is called, schools can print an ambulance report from within ERN for the student.

Special medical notes
 Any special medical notes relating to religion, culture of legal issues, eg. Blood transfusions.
Note: If the student is transferred to the care of medical personnel, eg. Paramedics this information, will if practicable in the circumstances, be provided to those personnel. It will be a matter for the professional judgment of the medical personnel whether to act on the information.

Documents attached
 Please tick which of the following documents are attached as part of the individual health care plan:

☐ An emergency care/response plan (for anaphylaxis this is the ASCIA Action Plan for Anaphylaxis)

☐ A statement of the agreed responsibilities of different people involved in the student's support

☐ A schedule for the administration of prescribed medication

☐ A schedule for the administration of health care procedures

☐ An authorisation for the doctor to provide health information to the school

☐ Other documents – please specify. *Note: For anaphylaxis this should include strategies to minimise the risk of exposure to known allergens and details of communication and staff training strategies. See the Anaphylaxis Procedures for Schools for further information.*

Consultation

This individual health care plan has been developed as part of the learning support plan, in consultation with those indicated below and overleaf and with the knowledge and agreement of the student's parent/carer. Information has been provided by:

☐

Student

☐

Parent/Carer

☐

GP

☐

Medical Specialist

Department staff involved in plan development

1. Peter Hind	Phone: 9484 2144
2. Alison Gatt	Phone: 9484 2144
3. Joanne Ede	Phone: 9484 2144
4.	Phone:
5.	Phone:

Health care personnel involved in managing the student's health at school: (eg Community Nurse, Therapist)

1.	Phone:
2.	Phone:
3.	Phone:
4.	Phone:

Signature of Parent/Carer:

Date

Signature of Head Teacher Wellbeing, Mr Peter Hind:

Date

NOTES:

Information in this individual health and emergency care plan remains specific to meet the needs of the individual student named and should not be applied to the care of any other student with similar health and emergency care needs. All individual health and emergency care plans must take into account issues of confidentiality and privacy to ensure information about the student is treated appropriately.

The school and the Department are subject to the Health Records and Information Privacy Act 2002. The information on this form is being collected for the primary purpose of ensuring the health and safety of students, staff and visitors to the school. It may be used and disclosed to medical practitioners, health workers including ambulance officers and nurses, government departments or other schools (government and non-government) for this primary purpose or for other related purposes and as required by law. It will be stored securely in the school.

Parent consent for a doctor to provide information about their child's health condition

This form is to be completed by the parent.

My child, _____, is currently enrolled or applying for enrolment at Cherrybrook Technology High School.

I understand the school may need to discuss the implications of my son/daughter's medical condition so the school can provide support for him/her during school hours.

I give my permission for the doctor named below to give the school information about how to manage my son/daughter's health condition at school.

Doctor's information:

Name: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

I understand the information given may be discussed by the Principal of the school with other members of school staff, as is necessary, enabling staff to care for my child.

Parent/Carer's Name: _____

Parent/Carer's Signature: _____ Date: _____