



Confidential Verification of Medical Condition

The Southern Health School (SHS) provides education for students who have high health needs, which prevent them from attending their regular school. SHS provides a transitional education service.

This means that students receive approximately 2 hours teacher contact time each week and will be provided with material to continue their education independently between teaching sessions. We do not provide a 9am – 3pm service.

When the student is well enough, we assist them to transition back to their regular school. We work collaboratively with parents/caregivers, local schools and health professionals to assist students to return to their regular school once their health improves. The student remains enrolled in their regular school while being supported by SHS.

By completing and signing this form you are verifying that a student has a health condition that is preventing them from attending their regular school. Please Note: GP medical will only be ongoing alongside specialist referral.

Student details:

Name: _____

Date of Birth: _____

Medical Condition Details (Doctors and Specialists only to fill this section in):

This student has the following primary health condition: _____

Any other diagnosis? _____

How does this condition prevent the student from attending their regular school?

Has a referral to any other health professionals been made? Yes / No

Name, profession and contact details: _____

Treatment Programme and Transition (please tick one of the following):

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

Provide details of the treatment programme which will improve the student’s health condition, in order that they can return to regular school (Please attach a copy of treatment plan):

In your judgement, when will this student be ready to return to their regular school?

Part time: Term _____ Number of Days/week: _____ Full Time: Term _____

Other details (e.g. part days / subjects): _____

Note: Continued admission/enrollment in the Southern Health School is subject to continued verification of the medical condition. For most students this verification **expires after 15 weeks**.

Doctor details:

Name: _____ Date: _____

Signature: _____

General Practitioner: Specialist: Medical Registration Number: _____

Phone: _____ Email: _____

Address of medical practice: _____

Mental Health Applications:

Community Case Manager Name: _____

Email: _____

Treatment and Crisis Plan attached

Parent / Caregiver / Students 16 and over consent:

In signing the medical verification form, the student's **parent/caregiver/student consents** to the named health professional and team providing relevant information and advice to Southern Health School in terms of the student's health condition and the impact on their learning and transition to regular school.

Name: _____ Date: _____

Signature: _____

This form will be **invalid** and will be **returned** if not completed fully. Thank you.