CONFIDENTIAL

Verification of medical condition

The Northern Health School provides a transitional teaching service which supports the educational progress of students who have high health needs. In doing this, we work collaboratively with parents/caregivers, local schools and other relevant agencies, to assist in re-entry to school following significant absences for health reasons. It is essential the **student remains enrolled in his/her school** as this service is not an alternative provider. If there is an extraordinary reason why this is not possible, please state below.

Students whose high health needs have been identified by a **CAMHS team, or by a qualified medical practitioner specialising in the condition** which is preventing the student from attending school in regular school settings may be eligible if they are participating in either

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

Thank you for your assistance

STUDENT DETAILS	
Student full name	
Date of birth	
PARENT / GUARDIAN CONSENT	
I give permission for Northern Health School staff to request information and discuss the effects of my child's illness with medical staff	
Parent/guardian name	
Signature	Date
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		

Northern Health School, Private Bag 99 907 Newmarket Auckland 1149
Regional House 24 Mountain Road Epsom Auckland 1023
Phone (09) 520 3531 Fax (09) 520 3591 Email admin@nhs.school.nz