



Dear Parent, Guardian

Re: HEALTH MANAGEMENT PLAN

We are pleased to inform you that this school takes its responsibilities to student's health very seriously.

In order for us to effectively carry out this duty we request that you read and complete, in consultation with and signed by your child's Medical Practitioner, the enclosed **Health Management Plan**.

If you require extra Health Plans please see me in the Health Centre or pick up a copy on the display tables in the corridors.

This management form is required to be **updated annually** or whenever the student's condition or medication has changed significantly.

The school reserves the right to call an ambulance if deemed necessary, or, if unable to contact parent/s in an emergency situation. Please ensure your child is covered by ambulance cover if you do not have a health care card.

Please help us to responsibly care for your child/children whilst at school by completing and returning the attached plan as soon as possible. If you have any queries regarding this please don't hesitate to contact me.

Thank you for your assistance in this matter.

Yours sincerely

Carol Pickford RN (Div2)
School Nurse