

# State Schools Nursing Services

## Service request form

### Privacy statement

The Department of Education (DoE) is collecting personal information regarding you and your child in order to provide State Schools Nursing Services. This form will be stored in the student's file and only be accessed by the State Schools Registered Nurse and school staff involved in your child's education program. This information will not be given to any other person or agency unless you give permission or DoE is authorised or required to by law.

### Eligibility

State Schools Nursing Services are available to students who have a health support need at school and are enrolled in Queensland state school, or registered and attending an Early Childhood Development Program

Nursing services include:

- support with school activity risk assessment for students with long-term health conditions
- development of Individual Health Plans (IHP) and Emergency Health Plans (EHP).
- education and training for school staff supporting students with long-term health conditions and/or requiring health support procedures at school
- ongoing direct and indirect support and supervision for staff members who deliver specialised health procedures.

### Request process

The **Principal** of the school **must** sign the request form for State Schools Nursing Services prior to seeking parental consent. A separate request is required for each student accessing the service.

The state schools registered nurse will establish the need for nursing services support and contact the requestor to discuss the required support and the timing of the service.

### SCHOOL TO COMPLETE

<b>School</b>	Click or tap here to enter text.		
<b>Student</b>	Click or tap here to enter text.		
<b>DOB</b>	Click or tap here to enter text.	<b>EQID</b>	Click or tap here to enter text.
<b>Diagnosed Health condition/s</b>	Click or tap here to enter text.		
Please list the specific routine, occasional and emergency <b>health support procedure/s</b> that are required to support the student at school			
Click or tap here to enter text.			

### SCHOOL CONTACT PERSON DETAILS

<b>Contact Person</b>	Click or tap here to enter text.		
<b>Position</b>	Click or tap here to enter text.	<b>Phone</b>	Click or tap here to enter text.
<b>Signature</b>	Click or tap here to enter text.	<b>Date</b>	Click or tap here to enter text.

**PRINCIPAL AUTHORISATION**

<input type="checkbox"/>	I have discussed the proposed request and consent with the student and/or parent/carer, including the requirement that they must provide consent before the service can be provided and before the proposed use and disclosure of any personal information.		
<input type="checkbox"/>	I have confirmed with the parent/carer that the information provided to the school about the student's health condition is current.		
<b>Principal</b>	Click or tap here to enter text.		
<b>Signature</b>		<b>Date</b>	Click or tap here to enter text.

**PARENT/CARER OR STUDENT TO COMPLETE**

<input type="checkbox"/>	I consent (for my child) to receive State Schools Nursing Services		
<input type="checkbox"/>	I understand that the services provided and any follow up will occur as deemed appropriate by the SSRN		
<input type="checkbox"/>	I understand that for the purpose of accurate identification, a photo of the student (passport style) will be included in the health plan/s.		
<input type="checkbox"/>	I understand that I must inform school staff as soon as possible of any changes to my (child's) health status or health procedure/s.		
<input type="checkbox"/>	I understand that the SSRN will talk to school staff about the provision of health support at school for me (my child)		
<b>Parent/carer name</b>	Click or tap here to enter text.	<b>Phone</b>	Click or tap here to enter text.
<b>Signature</b>		<b>Date</b>	Click or tap here to enter text.
The student can only consent by signing this form if the principal decides they have the appropriate maturity and understanding to give informed consent. Otherwise, the parent/carer must sign the form on behalf of the student.			
<b>Student name</b>	Click or tap here to enter text.	<b>Phone</b>	Click or tap here to enter text.
<b>Signature</b>		<b>Date</b>	Click or tap here to enter text.

**STATE SCHOOLS NURSING SERVICES**

<b>Comment</b> Click or tap here to enter text.			
<b>Registered Nurse</b>	Click or tap here to enter text.		
<b>Signature</b>		<b>Date</b>	Click or tap here to enter text.