

Do you have any other concerns about your child’s health?  
For example, vision, hearing, speech or other?

☐ Yes ☐ No

Is there any other information you feel would be helpful?  
For example, any major changes or events in your family?

☐ Yes ☐ No

Do you wish to discuss any of these health concerns with the School Nurse?

☐ Yes ☐ No

Contact details for the School Nursing Manager in your region

NORTH EASTERN REGION

Offices at Benalla and Glen Waverley  
nevr@education.vic.gov.au  
Phone: 1300 333 231

NORTH WESTERN REGION

Offices at Bendigo, Coburg, Greensborough  
and Mildura  
nwvr@education.vic.gov.au  
Phone: 1300 338 691

SOUTH EASTERN REGION

Offices at Dandenong, Frankston, Moe and Sale  
sevr@education.vic.gov.au  
Phone: 1300 338 738

SOUTH WESTERN REGION

Offices at Ballarat, Footscray, Geelong, Horsham,  
Keilor and Warrnambool  
swvr@education.vic.gov.au  
Phone: 1300 333 232

The Primary School Nursing Program accepts referrals for children in grades 1 – 6, children attending English Language Centre Schools and primary school-aged children who have recently arrived in Australia from overseas.

If you or your child’s teacher have concerns about your child’s health or development, your child can be referred to the Primary School Nursing Program at any time using this referral form.

Direct health assessment services provided under the Primary School Nursing Program may include:

- vision screening
- hearing screening
- mouth check
- general developmental assessments.

A health assessment under the Primary School Nursing Program is not intended to replace your existing relationship with healthcare providers.

If you agree to have your child’s health assessed by a school nurse, please:

- read the Information privacy statement (Section B)
- sign the Parent Consent (Section C)
- complete Your Child’s Personal Details (Section D)
- return this completed form to the school in the supplied envelope.

Section A To be completed by the TEACHER prior to sending the Referral Form to the Parent/Guardian

Please note that it is essential that you discuss this referral with the child’s parent/guardian before providing the referral form to them.

Have you discussed the reason for referral with the child’s parent/guardian? ☐ Yes ☐ No

To be completed by the TEACHER  
Reason for referral

I would like to refer your child for a direct health assessment:

Child’s name \_\_\_\_\_ Year Level \_\_\_\_\_ Room No. \_\_\_\_\_

Reason for Referral \_\_\_\_\_

Comments regarding:

Academic Progress \_\_\_\_\_

Social Development \_\_\_\_\_

Has this child been referred to any other agency or health professional? ☐ Yes ☐ No

If Yes, please specify \_\_\_\_\_

Teacher’s Name (Please Print) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Information about Privacy**

The Department of Education and Training and your school are committed to protecting the personal and health information you provide us about you and your child.

**1. What information will I be asked about in the referral form?**

The information you are asked about includes:

- your child's health history
- any concerns you may have about your child's health, wellbeing and development

**2. What is this information used for?**

This information is used to:

- identify your child's health needs
- determine the need for further health assessment of your child with your consent. Where clinically indicated, this may include screening of your child's vision, hearing, a mouth check and general development assessments
- give you advice based on these needs
- with your permission, share information with relevant staff of the school and the Department of Education and Training to provide your child with appropriate support e.g. your child's teacher, principal or student support officer
- manage, plan, improve and evaluate the delivery of school health services.

**3. Why should I give this information?**

This information is important in providing support for your child. It helps:

- the school nurse to understand any concerns you may have about your child's health in order to undertake a health assessment of your child
- the school nurse to offer advice and information about your child's health and referral to other services if needed
- the school to understand how your child's health may impact his or her learning.

**4. Do I have to provide this information?**

No, you are not required to provide this information, however, the information you provide will assist the school nurse to support you and your child. If you choose not to provide this information, it is helpful to us if you can explain why.

If you do not provide some or all of this information, the school nurse may be unable to properly assess your child's health needs or offer the services set out above, including providing targeted information about your child's health or referral to other services if needed.

Also you may provide or be asked to provide further information when you meet with the school nurse which will also be handled in accordance with this privacy notice.

**5. Accessing your information**

You may access the information held by the school nurse or the Department of Education and Training.

For more information about requesting access to or correction of yours or your child's personal information that is collected, please contact the School Nursing Manager at your local Department of Education and Training office listed on the back page of this form. If you would like to request access to or correction of any information the school collects, please contact the school or refer to its privacy policy for further information.

**6. You and your child's privacy**

Your information will only be used and disclosed in ways and for the purposes outlined above and will not be used for any other purpose without your consent, unless required or authorised by law.

You can find out more information about how the Department of Education and Training handles the personal and health information it collects from its Schools' Privacy Policy, which is available on the website at <https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>

**Thank you for completing this form.**

**Section C PARENT Consent**  
**To be completed by Parent/Guardian****If you require assistance to complete this form please speak to your child's teacher.**

By completing and signing this form you provide consent to the health assessment and, when needed, the provision of a summary report to your school to enable appropriate educational adjustments for your child. If you have any questions or concerns about this process, please contact your school nurse.

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male / Female / Indeterminate / Intersex / Unspecified *(Please circle)*

Year Level \_\_\_\_\_ Room No. \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian

Name *(please print)* \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian

**Section D Your Child's Personal Details**  
**To be completed by Parent/Guardian**

Parent/Guardian 1 Name \_\_\_\_\_

Is this the mother, father or other? ☐ Mother ☐ Father ☐ Other *(please specify)* \_\_\_\_\_

Tel No (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

Is this the mother, father or other? ☐ Mother ☐ Father ☐ Other *(please specify)* \_\_\_\_\_

Tel No (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Child's Address \_\_\_\_\_ Postcode \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_ Child's Country of Birth \_\_\_\_\_

Is the student of Aboriginal or Torres Strait Islander origin? *(tick one)*

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander

Current School \_\_\_\_\_

Previous School attended by your child *(if relevant)* \_\_\_\_\_

Does your child have a medical condition, developmental concern, or a learning difficulty? ☐ Yes ☐ No  
*For example, asthma, diabetes, epilepsy, cerebral palsy.*

If YES, please specify \_\_\_\_\_