

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 has concerns about your child’s health or development, your child can be referred to the school nurse at any time using this referral form.

**The health assessment may include a:**

- distance vision screen and/or hearing screen
- oral health check
- inspection of the ear canal
- measurement of your child’s height and weight, and calculation of BMI (Body Mass Index)
- brief assessment of any health concerns raised by you or your child’s teacher.

*Please note, the health assessment is not intended to replace your normal source of health care.*

**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 the 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 parent/guardian before providing the referral form to the child’s parent/guardian.

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

## To be completed by teacher Reason for referral

I would like to refer your son/daughter for a health assessment:

Child’s name: .....

Year Level: ..... Room No: .....

**Reason from Referral:** .....

Scholastic Progress: .....

Social Progress: .....

Has this child been referred to any other agency? ..... Yes  No

If **Yes**, please specify .....

Teacher’s Name (Please Print): ..... Date: / /

## Information about Privacy

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

The information you are asked about is:

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

### 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, which may include screening of your child's vision, hearing, speech, height, weight and teeth
- give you advice based on these needs
- share information with your permission, with relevant staff of the school and Department of Education and Early Childhood Development 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 understand any concerns you may have about your child's health in order to undertake a health assessment for your child
- the school nurse to offer advice and information about your child's health and referral to other services if needed
- the school understand how your child's health may affect 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.

### 5. How will this information stay private?

The Department of Education and Early Childhood Development and your school are committed to protecting the personal information you provide us. Your information will only be used and disclosed in ways outlined above and will not be used for any other purpose without your consent, unless required by law.

### 6. Accessing your information.

You may access the information held by the school nurse or the Department of Education and Early Childhood Development.

For more information please contact the primary school nurse manager at your Department of Education and Early Childhood Development office listed on the back page of this form.

**Thank you for filling out this form.**



Do you have any other concerns about your child's health, for example vision

hearing, speech / other? .....

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Is there any other information you feel would be helpful? .....

*For example, any major changes or events in your family?*

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

Thank you,

**The Primary School Nursing Program**

**If you require assistance to complete this form please speak to your child's teacher.**

## Contact details for the Primary School Nurse Manager in your region

### COUNTRY AREA OFFICES

- **Barwon Region**  
237 Ryrie Street  
Geelong 3220  
Phone: (03) 5215 1000
- **Grampians Region**  
109 Armstrong St North  
Ballarat 3350  
Phone: (03) 5337 8444
- **Loddon Mallee Region**  
7-15 McLaren Street  
Bendigo 3550  
Phone: (03) 5440 3111
- **Hume Region**  
Arundel Street  
Benalla 3672  
Phone: (03) 5761 2119
- **Gippsland Region**  
7 Service St  
Bairnsdale 3875  
Phone: (03) 5150 4500

### METROPOLITAN AREA OFFICES

- **Western Region**  
71 Moreland St  
Footscray 3011  
Phone: (03) 9275 7178
- **Northern Region**  
4 Hartington Street  
Glenroy 3046  
Phone: (03) 9304 0755
- **Eastern Region**  
295 Springvale Road  
Glen Waverley 3150  
Phone: (03) 9265 2506
- **Southern Region**  
280 Thomas St  
Dandenong 3175  
Phone: (03) 9096 9563