



Referral: Sibling or Outpatient



Sibling Outpatient Other: _____

To be completed by the student's parent or caregiver with a HSSA teacher before the student can attend classes.

STUDENT INFORMATION

Student Name: Date of Birth: M / F

Site: Women's & Children's Hospital Flinders Medical Centre Lyell McEwin Hospital Royal Adelaide Hospital

Indigenous SIC English as an Additional Language or Dialect (EALD)

Country of origin: Language spoken:

Anticipated Length of Stay:

2 -5 days 1 – 2 weeks Long Term

Medical Details:

yes/no Health Support Plan required and provided

All medication to be used during school hours must be in its original container with dosage, Dr's name and pharmacy label.

Additional information:

yes/no Allergies

yes/no Dietary Requirements

yes/no Access/custody issues

Lunch time arrangements:

If a family member is in hospital:

Patient's Name: Ward:

PARENT / CAREGIVER DETAILS

Parent/Caregiver

Surname: Given Name:

Relationship: Contact Number:

Address: Suburb/Town:

Postcode: Email:

Parent/Caregiver

Surname: Given Name:

Relationship: Contact Number:

Address: Suburb/Town:

Postcode: Email:

Temporary Address if different to address above i.e. Ronald McDonald House

Location:

Address: Suburb/Town:

Phone:

ENROLLED SCHOOL DETAILS

Preschool/School:State:

Year Level:DFE Status: EALD S/Class S/School

Additional comments / information. i.e. OCOP / ILP
.....

Contact Person: Position:

Site use only	
HSSA ID:	
Enrolment Date:	
ED ID:	
Year Level:	
DfE Status:	

PARENT / CAREGIVER / STUDENT CONSENT

- I am aware that HSSA teachers will contact my child’s enrolled school for educational information and school work details.
- I give permission for DFE to create, use and distribute photographs, video, and audio recordings of my child or their work.
- I give permission for photos to be taken of my child and displayed in the classroom, and on HSSA social media platforms.
- I give permission for DFE to use my child’s first name and DFE school/preschool service name in printed publications.
- I grant permission for my child to be photographed/recorded by external media organisations for publication/broadcast.
- I am aware that permission will continue until I revoke it in writing to the Principal of the school.

- I am aware that if medical permission is given, my child may participate in activities outside of the classroom but within WCH i.e. Allied Health Gym, Starlight Room or Playdeck.
- I am aware HSSA has a nut free policy which can be viewed in the HSSA front Office.

Name of parent/caregiver: Signature:

Name of student: Signature:

HOSPITAL SCHOOL SA ICT USE AGREEMENT

The Hospital School SA wireless network is run based on the Department for Education network standards. It is secured with passwords and filtered to be suitable for students’ use.

Installation of HSSA Network Settings on Private Devices

- I understand that the HSSA settings need to be installed on my private devices for me to access the school network.
- I understand that it is my responsibility to erase the school network settings when I leave the hospital.
- I understand that the network password is changed regularly for security reasons (at the beginning of each school term).

Internet Use

- I will follow cyber-safety strategies and instructions whenever I use the school’s ICT devices and network.
- I will respect all school ICT equipment and treat all ICT equipment/devices with care.
- I will only access websites that are relevant to the information I need.
- I will ensure that comments I post/email, or work I publish is respectful, carefully written and well presented.
- I will not create, transmit or knowingly receive offensive, obscene, or indecent documents or images.
- I will not access unauthorized services using the connection to the school wireless network.
- I will maintain personal safety and privacy while accessing the internet.
- I will comply with Fair Use Laws and copyright regulations while accessing the internet.
- I understand that the school may monitor and audit internet access and its facilities, including stored content and email.

As a responsible wireless network user at Hospital School SA, I will follow the above rules.

- I understand I will be held responsible for all my actions while using online services and for any breaches of directions.
- I understand I will be held responsible for my actions if I allow another person to use my online account.
- I understand that if I break any of the above rules I will be unable to use the school internet for a set period of time and will need to re-negotiate how and when I can use the school internet.

Name of Student.....Signature.....

School.....Year Level.....

Device Type (Please circle):

Windows laptop OSX laptop (Mac) iPhone/iPad Android Phone/tablet Other

Name of Parent/Caregiver.....Signature.....

Name of Staff.....Signature.....