



**Athor t n  k c dhieth thiec thok de thiec t n  kony  
thukul de kak cieŋ pial guop menh abun**

**Letter to parents requesting completion of Request for
support at school of a student's health condition**

Kudual r  n dhieth aya r  n muok

Yin aca jam lon menhdu anoŋ kak cieŋ pial guop leu be kony thukul wic. Tewen kor thukul yien be koc gam pioc,ka wicku buk lui k n  yin rin ku be menhdu r  r ke puol guop ku cin kerac  thukulic.

Yin aliem ba athor thol wen ci nuet y n  thiec   kony   thukulic t n  cieŋ pial guop menh thukul ne thoŋ diŋlith ku dhuk cien t n Ų  n. Athor aleu be tholic te cit ka t  ci ke luel akimdu. *Tek yin awic ba ka ci ke luel athoric jamic k n  akim (Request for support at school of a student's health condition).* Athor anoŋ abeek ye ke mat thin n n leu bin ke aguir thiec   wel akim cim ke g r ku /aya ku ny k k.

Te loom Ų  n ee ke cin thiec   ku ny ke yin awic buk k n  jamic kek k c lu i thiekiic ku yin aba ben luob.

Yin aca liem ba Ų  n w  t   tha dun ca tak na noŋ ka ci ro t w r ne lek du yic t n  kak mu k pial guop de menh du aya na leu ba yin kony.

Na wic agamloŋ ye k c w r thook be kony ke yin lek thukul, yin liem telepun wer k c thook col numar telepun 131 450 ku thiec r  n w l w ric thoŋ du. Agamloŋ aleu be thukul col ku r  r lanynhom rin ku be yin kony ne jamdu. Yin aci leu be yi thiec ba weu cuat piny.

Tooŋ

Rin ke Mandir _____
Name of Principal

Theny Mandir _____
Signature of Principal

Akol _____
Date



Lëk aben (General information)

Rin menh _____ Akol dhieth _____
Name of child Date of birth

Gët piny ë thukul kënë yic Ee yic (Yes) Ace yic (No) Riic na ci gat piny ëmën _____
Class if enrolled

Thukul ëmën na kec gat piny _____
Current school if not enrolled

Dhieth/muɔk lub lëk (Parent/carer contact information)

Dhieth aya muɔk 1 (Parent or carer 1)

Rin _____
Parent name

Ruendu ke meth, cimene män _____
Relationship to child

Rin rään ku pande _____
Address

Telepun baai _____ Telepun luɔi _____
Home phone Work phone

Telepun cath ke kɔc ee jebic _____
Mobile phone

Dhieth aya muɔk 2 (Parent or carer 2)

Rin _____
Parent name

Ruendu ke meth, cimene män _____
Relationship to child

Rin rään ku pande _____
Address

Telepun baai _____ Telepun luɔi _____
Home phone Work phone

Telepun cath ke kɔc ee jebic _____
Mobile phone

Lëk lon akim (Medical practitioner contact)

Rin _____
Name of medical practitioner

Rin rään ku pande _____
Address of medical practitioner

Telepun _____
Phone

Pial guop /cieŋ panakim (Health/medical condition) (yin aliem ba kuanyic)

Leu be cieŋ kënë ke reec be rɔt looi? Ee yic (Yes) Ace yic (No)
Could this condition result in an emergency situation occurring?

Thiec ba aguir panakim kuanyic tēnē menh thukul Request to administer prescribed medication to the student

(Kiit: na wic menh du be wel juec loom ee kec ke gɔr, ke yin liem ba awerek wic yin wel kɔk gôt.)

Rin ē wel ci gɔr _____
Name of prescribed medication

Rin cieŋ wel ci gr leu be tuany looi. _____
Name of medical condition the prescription is treating

Be wel ya loom kade _____
Prescribed dosage

Yeŋo kr be thukul luɔi yin _____
What the school is being requested to do

Nɔŋ tēnē luɔi rɔt wic leu bene tou thin cimene talaja ? _____
Special storage requirements if any

Luɔi rɔt pioc tēnē aguir wel ci gɔr, cimene be nyai kēnē cem aya magoroŋ de piu.

Special instructions for administering the medication

Tēnē lēk ca yok tēnē akim du aya tēnē nyiny kaŋ du, yin anyic kereec be rɔt loi tēnē wel kēnē?

(Any side effects?) Ee yic (Yes) Ace yic (No)

Na ye yic, ke yin liem ba wēl juec luel _____
Information on side effects of medication, if any

Na ye menh du wel loom baai yien rɔt ke leu ba thiec aya lon be yien ke wel ya loom rɔt aya ke tɔ thukulic?
(Do you request that your child self administers?)

Ee yic (Yes) Ace yic (No) (Kiit: Mandir awic be wēt ci tem gam tēnē meth ku be kede ya loi rɔt)
(Note: The Principal needs to approve a decision for a child to self administer.)

Na ye menh du rɔt guir ye tok baai, ke kuny tɔ ye nhom ŋo ye gam?

Description of parental support of child's self administration, if any

Rin ke rān ke be wel lar ē thukulic _____
Name of person who will carry the medication to school

Thiec kuny dɔ (Request for other support)

Dhieth aya theny rān muɔk _____ Akol _____
Parent or carer signature Date

Kiit pēi (Privacy Notice)

Wēt ci thiec athor kēnē yic yien apuɔth tēnē kuny de thukul rin be yien kak kuny kɔr pial guop menh du guir. Yien abe makteb de pioc NSW ku pioc de aguir ē luɔi kēnē yin rin kuony ka wic pial guop menh du. Gem ē wēt cit kēnē atɔ kek kaŋ rān ci looi piande. Na ci yin gem kak ke aben aya gun wēt kēnē ke riel thukul ben ke menh du kuony ne kak pial guop wicke tēnē meth aleu be rēc. Wēt kēnē aleu be tou ke ci ruɔk thok. Wēt ci ben tēnē gun rān ce gam tha dēt aleu be cokic te lub mandir.