



**Tusi i Matua e talosaga ai le faatumuina ole *Talosaga mo le lagolagoina o le soifua maloloina o le tamaititiaoga ile aoga***

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

Susuga i Matua poo E e Vaaia tamaiti

Sa e fai mai e i ai le ma'i o lou alo e manaomia ai se fesoasoani ile aoga. E ui lava ole galuega autu a le aoga ole aoao atu, matou te fia galulue ma oe ina ia malosi lelei ma saogalemu lou alo ile aoga

Faamolemole faatumu mai le pepa lea o le *Talosaga mo fesoasoani ile aoga mo le ma'i o se tamaitit-aoga (Request for support at school of a student's health condition)* ile gagana faa-Peretania ma toe faafoi mai ia au. E tatau ona faatumu mai lenei pepa e faavae i faamatalaga mai lau fomai. (E mafai ona lua talanoa ma lau fomai ile tulaga lea). O loo aofia i le pepa vaega e mafai ona e talosaga ai mo le faainuina o vai/ poo nisi fesoasoani

A ou maua loa lau talosaga mo fesoasoani, o le a ou talanoa i faiaoga e talafeagai ma o le a ou toe faafesootai atu oe.

Faamolemole logo mai au i soo se taimi e i ai se suiga i nei faamata-laga e uiga i manaoga o le soifua maloloina o lou alo poo pe afai e mafai ona ou fesoasoani ia oe.

Afai e te manaomia se faamatala-upu e fesoasoani ia oe ile faafesoo-taiga ole aoga, faamolemole valaau le Auaunaga o Faamatalaupu ile Telefoni ile numera 131 450 ma fesili mo se faamatalaupu i lau gagana. O le a valaau le faamatalaupu ile aoga ma nofo pea ile laina e fesoasoani ia oe ile talanoaga E te le totogiina se tupe mo lenei auaunaga, e fai fua.

Ia faasoifuaina

Igoa o le Puleaoga \_\_\_\_\_  
Name of Principal

Saini a le Puleaoga \_\_\_\_\_  
Signature of Principal

Aso \_\_\_\_\_  
Date



**Faamatalaga faalauaitete (General information)**

Igoa ole tamaititi \_\_\_\_\_ Aso na fanau ai \_\_\_\_\_  
Name of child Date of birth

Ua uma ona faaulu i le aoga lenei  Ioe (Yes)  Leai (No) Vasega o i ai pe a ua faaulu \_\_\_\_\_  
Class if enrolled

Le aoga o aoga ai nei pe a lei faaulu maia \_\_\_\_\_  
Current school if not enrolled

**Faamatalaga e faafesootai ai matua/poo e e vaaia tamaiti (Parent/carer contact information)**

*Matua/e e vaaia tamaiti 1 (Parent or carer 1)*

Igoa \_\_\_\_\_  
Parent name

Faiā ma le tamaititi, faataitaiga – o le tina \_\_\_\_\_  
Relationship to child

Tuatusi \_\_\_\_\_  
Address

Telefoni ile fale \_\_\_\_\_ Telefoni fale faigaluega \_\_\_\_\_  
Home phone Work phone

Telefoni feaveai \_\_\_\_\_  
Mobile phone

*Matua/e e vaaia tamaiti 2 (Parent or carer 2)*

Igoa \_\_\_\_\_  
Parent name

Faiā ma le tamaititi, faataitaiga – o le tina \_\_\_\_\_  
Relationship to child

Tuatusi \_\_\_\_\_  
Address

Telefoni ile fale \_\_\_\_\_ Telefoni fale faigaluega \_\_\_\_\_  
Home phone Work phone

Telefoni feaveai \_\_\_\_\_  
Mobile phone

**Faafesootaiga o le fomai (Medical practitioner contact)**

Igoa \_\_\_\_\_  
Name of medical practitioner

Tuatusi \_\_\_\_\_  
Address of medical practitioner

Telefoni \_\_\_\_\_  
Phone

**Soifua maloloina/ma'i (Health/medical condition) (faamole-mole faamatala mai)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E mafai i lenei mai ona tupu ai se faalavelave faafuasei?  Ioe (Yes)  Leai (No)  
Could this condition result in an emergency situation occurring?

**Talosaga ia faainuina vai mai le fomai i le tamaititiaoga**  
**Request to administer prescribed medication to the student**

(Maitau mai: Afai e sili atu ile tasi vai e manaomia e inu e lau tama, faamolemole, ia tofu le vai ma le talosaga e faapipii mai)

Igoa ole vai mai le fomai \_\_\_\_\_  
Name of prescribed medication

Igoa ole ma'i e togafitiina e le vai mai le fomai \_\_\_\_\_  
Name of medical condition the prescription is treating

Fia inumaga/ poo le tele e inu \_\_\_\_\_  
Prescribed dosage

O le a le mea e fai e le aoga o loo e talosaga mai ai? \_\_\_\_\_  
What the school is being requested to do

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E i ai se mea faapitoa e teu ai vai, faataitaiga – pusa aisa? \_\_\_\_\_  
Special storage requirements if any

Faatonuga faapitoa mo le inuga o vai, faataitaiga – e tatau ona inu ma se meaai poo se ipu vai

\_\_\_\_\_  
Special instructions for administering the medication

Mai faamatalaga mai lau fomai poo lou lava silafia, e te iloa e i ai ni aafiaga poo nisi mea e ono tutupu mai ona o nei vai? (Any side effects?)  Ioe (Yes)  Leai (No)

Afai e ioe, faamolemole ta'u mai nisi faamatala faaopopo \_\_\_\_\_  
Information on side effects of medication, if any

\_\_\_\_\_  
Afai e faainu lava e lou alo ana vai ile fale, o e talosaga mai ia faainu lava e ia ana vai ile aoga?  
(Do you request that your child self administers?)

Ioe (Yes)  Leai (No) (Maitau mai: E tatau ona faamao-nia e le Puleaoga le faainu e le tamaititi o ana lava vai  
(Note: The Principal needs to approve a decision for a child to self administer.)

Afai e inu lava e lou alo ana vai ile fale, o le a le maualuga o lau fesoasoani e te tuuina atu? Faamolemole faamatala mai)  
\_\_\_\_\_  
Description of parental support of child's self administration, if any

Igoa ole tagata o le ana aumaia vai ile aoga \_\_\_\_\_  
Name of person who will carry the medication to school

**Talosaga mo isi fesoasoani (Request for other support)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Matua/e e vaaia tamaiti** \_\_\_\_\_ **Aso** \_\_\_\_\_  
Parent or carer signature Date

**Faasilasilaga le faalauaitelaina (Privacy Notice)**

O faamatalaga o loo talosagaina i lenei pepa e taua e fesoasoani ile aoga ile fuafuaina o fesoasoani mo le ma'i o lou alo. O le a faaogaina e le Matagaluega o Aoga ma Aoga a NSW e atinae ai le faatulagaina ma oe o fesoasoani mo manaoga o le soifua maloloina o lou alo. O le tuuina mai o nei faamatalaga e tuu i lou faitalia. Afai ete le tuuina mai uma poo na o nisi o faamatalaga, o le a le atoatoa le fesoasoani a le aoga mo le ma'i o lou alo. O le a teuina lelei nei faamatalaga. E mafai ona e toe faasa'o faamatala-laga tau oe lava ua tuuina mai i soo se taimi lava i lou faafesootai lea ole Puleaoga.