

# Medical Certificate



This certificate forms part of the application for admission to Central Regional Health School (CRHS).  
 Medical Practitioner to complete as part of the application for admission.  
 Email completed forms to the CRHS site Team Leader or to admin@crhs.school.nz

Central Regional Health School (CRHS) provides education for students with high health needs, which prevents them from attending their regular school. Health needs are identified by a qualified medical practitioner involved in an active treatment programme. This may include services from medical practitioners, specialists, NGOs and/or iwi providers. Students remain enrolled at their regular school while they are at CRHS. We work collaboratively with each student, their parents/caregivers, regular school and health professionals to help them return to their regular school once their health permits.

Note: Continued admission/enrolment at Central Regional Health School (CRHS) is subject to verification of the medical condition stated below. For most students, this verification expires after 15 weeks. A new verification will need to be submitted after this period to ensure support by CRHS is aligned with Ministry of Education guidelines and the student's current health needs.

## STUDENT DETAILS

First Name(s):

Surname:

Preferred Name:

Date of Birth:

NHI Number:

School (where student is currently enrolled):

## PARENT/LEGAL GUARDIAN DETAILS (if student under 18 years)

Parent/Legal Guardian First Name(s):

Parent/Legal Guardian Surname:

Phone Number:

Relationship to Student:

## MEDICAL PRACTITIONER TO COMPLETE

This student has the following medical condition:

How does this condition prevent this student from attending their regular school?

This student (please tick as appropriate)	
<input type="checkbox"/> is on an active treatment/support programme for their medical condition	
<input type="checkbox"/> is on a health funded mental health programme	
<input type="checkbox"/> has been referred to: _____ by: _____	
Please include a brief explanation of any current therapeutic, medical or support programmes in place, and how you see Central Regional Health School (CRHS) working alongside these:	
In your judgement, when will this student be ready to return to their regular school? (please enter date and any other details, eg: part time, full time):	
Any other relevant information:	
Name of Medical Practitioner:	
Role:	
Registration No:	
Phone:	
Email:	
Name of Organisation/Health Provider:	
Primary Case Worker Name (if different from above):	
Primary Case Worker Phone:	
Primary Case Worker Email:	
<b>CERTIFICATION</b>	
Medical certificate valid from (date): _____ to (date): _____	
Signature of Medical Practitioner:	
Date:	

**Privacy:** Our privacy policy is governed by the New Zealand Privacy Act. Any personal information you provide will be kept secure, will not be disclosed to any third party and will only be used for the purpose for which it was provided or permitted by the Privacy Act or otherwise required by law. For more information on privacy please visit the Privacy Commissioner's website [www.privacy.org.nz](http://www.privacy.org.nz). If you want to check personal information that we hold, or request correction of that information then please write to: The Privacy Officer, CRHS, PO Box 9349 Marion Square, Wellington 6141 or email [admin@crhs.school.nz](mailto:admin@crhs.school.nz).

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