

# The Skylark Partnership: Hospital and Outreach Education

## MEDICAL ADVICE FORM

To support the request for Educational support

**School/Academy** – please complete **section 1** of this form and **SEND DIRECTLY TO** the relevant health professional with a copy of the front page of the Request for Involvement ensuring that it has been signed by the parent/carer

### SECTION 1: To be completed by the School/Academy

Name of School/Academy	
Name of Child	
Date of Birth	
Address	
Parent/Carer consent received:	

### SECTION 2: To be completed by the relevant health professional

Name of health professional completing form:			
Position Held:		Hospital/place of work:	
Contact number:		Email Address:	
Diagnosis:			
Impact on the child's ability to attend school:			
Is the pupil medically fit enough to attend <b>MAINSTREAM</b> school?	<b>FULL TIME / Part Time / No</b> (Please indicate as appropriate) If no or part time please give reasons:		
If they are not fit for mainstream, is the pupil medically fit enough to attend a <b>Hospital and Outreach Education centre</b> ?	<b>FULL TIME / Part Time / No</b> (Please indicate as appropriate) If no or part time please give reasons:		
For how long might individual teaching or support be needed?	<b>Up to 6 weeks / Up to 6 months / Other</b> (Please indicate as appropriate) If other, please specify:		
Date of next medical review		Intention for ongoing medical support from your service?	
Signature		Date	

PLEASE RETURN THIS FORM WHEN COMPLETED TO:

Hospital and Outreach Education, Delapre Learning Centre, Alton Street, off Main Road, Far Cotton, Northampton, NN4 8EN

Or alternatively email to: [sbrown@nhoe.org.uk](mailto:sbrown@nhoe.org.uk)