Please complete the following forms and return to the school office.

Gilgandra Public School

Safe, Respectful, Learners

At Gilgandra Public School, we strive to provide your child with a wide range of learning opportunities and celebrate learning whenever possible. This may often require some form of parental consent. This form asks you to consent (or otherwise) to your child's participation/use/ access to, several aspects of the school program. At all times, we make the very best efforts to exercise exemplary standards in respect of duty of care. The consent given on this form is valid for the whole duration of your child's attendance at Gilgandra Public School.

Media Consent

Children's images and/or their work are often published to recognise excellence or effort and may appear in local newspapers, on the internet (including but not restricted to Facebook, and school web page), in films or videos. Their names may also be included but no contact details are provided. Work/images captured by the school will be kept for no longer than is necessary for the purposes outlined above and will be stored and disposed of securely.

- ☐ No, I do not give consent.
- ☐ Yes, I give consent to my child to have his/her image and/or work published as described above.

Other organisations, schools and preschools: permission to publish

At times, visiting organisations, schools or preschools may wish to photograph and publish photos of your child to promote their associations within the community. This may happen as a part of a local area excursion to our school or may occur when students leave school grounds to visit another location within Gilgandra.

- ☐ No, I do not give consent.
- ☐ Yes, I give consent for other organisations to photograph and publish photos of my child.

Local Area Excursions

Children occasionally walk within the local area for minor excursions under the supervision of the teacher and attend activities in local parks, nature reserves, another school, city council library or shopping centre. On all occasions, parents will be notified of the local excursion.

- ☐ No, I do not give consent.
- ☐ Yes, I consent to my child participating in teacher supervised local excursions which may involve short walks to and from the school.

School Bus Travel

On occasion, the school bus may be utilised to transport children to and from school to locations within the local government area of Gilgandra.

- ☐ No, I do not give consent.
- ☐ Yes, I consent to my child travelling on the school bus to teacher supervised, local excursions within the township of Gilgandra.

Viewing Consent

At times, movies/ television documentaries are used as tools to support student learning on a variety of topics. Sometimes, students choose movies as class rewards for achieving 10 Lion Heads as part of our school's Positive Behaviour for Learning process (PBL). Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- ☐ No, I do not give consent.
- ☐ Yes, I Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.

School Swimming

In Terms 1 and 4, students participate in swimming lessons for School sport under the supervision and guidance of their teachers. Students will either walk to and from the local swimming complex, or travel to and from the pool on the school bus.

- ☐ No, I do not give consent.
- ☐ Yes, I consent to my child participating in school swimming lessons at the local Gilgandra Pool, either walking or travelling on the bus.

Student Name:_____

Parent/Carer Name: _____ Signature: _____ Date:_____

Gilgandra Public School

Safe, Respectful, Learners

Principal
Michael Darcy

Phone: 02 68472 043 Email: gilgandra-p.school@det.nsw.edu.au

11/3/25

Dear parents and caregivers,

Gilgandra Public School is dedicated to enhancing learning experiences by integrating innovative, third-party technology providers into their educational framework. Through using a range of tools and resources, our school creates a dynamic learning environment that fosters student engagement and supports diverse learning styles. These learning platforms allow teachers to access a wide range of educational materials and activities, ensuring that students receive optimum learning opportunities tailored to their individual needs. Through this collaborative approach, Gilgandra Public School aims to equip students with the skills and knowledge necessary for success in a rapidly evolving, digital world.

If you wish to know anything more about your child's technology use whilst in attendance at our school, please do not hesitate to contact us to make a time to meet.

Yours sincerely,

Michael Darcy

Principal

Please read the following information about each third-party provider to be used at Gilgandra Public School and give consent by ticking the box for each application.

Software name and use, website, and student information captured	Country information is stored	Information shared	Your consent
Tinkercad To develop 3D design, electronics, and coding skills. **https://www.tinkercad.com/** Works, Username, Class name, Country, School name, Teacher's name.	California, USA	No data is shared.	☐ Y ☐ N
CoSpaces To teach children coding and computer science **https://edu.cospaces.io/Auth** First name, Email address, Works, Image, Video or audio recording, Username - determined by the user, Responses - online learning, surveys, forms, School name.	Offshore, Germany - however Australian residency can be requested	Google, Microsoft, Apple.	☐ Y ☐ N
Studyladder To develop maths and literacy skills. **https://www.studyladder.com.au/** First name, Year level, Class name, School name, Country or State/province, Username (determined by the service), Responses to online learning.	Offshore	No data is shared.	☐ Y ☐ N
Kahoot! for Schools For game based online learning **https://kahoot.com/** Username, Email address*, Date of Birth*, Works, Image*, Video or audio recording*, Age, Responses - online learning, quizzes, polls, Player identifier e.g. email address, ID, Results, Responses - online learning, quizzes, polls. *This data can be collected if students register individual accounts	Offshore - Germany, France, Canada	Zoom video conferencing, Stripe (payment), Recurly (payment), Microsoft, Google.	☐ Y ☐ N
Class Dojo To assist with Classroom Management **https://www.classdojo.com/en-gb/** First name, Surname, Email address, Username - determined by the user, Records of behaviour incidents, Behavioural observations/notes, Attendance, Records of interview and/or contact, Works, Video or audio recording, Languages spoken, Responses - online learning, surveys, forms, Year level, Class name. Parent/Guardian: First name, Surname, Phone number, Email address, Languages spoken, Responses - online learning, surveys, forms, Year level, Class name	California, USA	Blueshift, Google Single Sign On, SendGrid, SurveyMonkey.	☐ Y ☐ N
Typing.com Typing tutor **https://www.typing.com** First name*, Surname*, Email address*, Class name, School name, Country, Responses - online learning, surveys, forms, Username *denotes optional	USA	Amazon Web Services (AWS)	☐ Y ☐ N
code.org To teach children coding and computer science **https://code.org/** First name, Surname (via email address), Email address, Username - determined by the user, Age, Audio recording, Works, Image, Surname, Cultural/citizenship details, racial or ethnic origin, Gender, Responses - online learning, surveys, forms, Academic results, Year level, Class name , School name , Country or State/province, Responses - online learning, surveys, forms	Offshore in USA	Microsoft, Google, Clever, PowerSchool, YouTube, Pusher, WebPurify, Twilio, Zendesk.	☐ Y ☐ N
MakeCode Arcade Microsoft MakeCode Arcade is a free, open-source retro 2D game development environment. Students anywhere from 9 to 18 can use MakeCode Arcade to design and create their own games online that they	Offshore - USA	Microsoft	☐ Y ☐ N

can then share with friends and family or download to hand-held game devices. **https://arcade.makecode.com/** Name, Email address, Date of birth, School details			
WeVideo Video editing and collaboration. **https://www.wevideo.com/education** Name, email address, IP address, analytical behaviour, and user created content.	USA	Shares information with: Facebook (disabled under the NSW DoE education licence) Note: Since Facebook has age restrictions, parental consent should be collected for those under 18 PLEASE NOTE: Applications like Facebook, Twitter, Instagram etc are blocked for students from within the department's network.	☐ Y ☐ N

This consent remains effective for the duration of your child's schooling at Gilgandra Public School, or until I advise the school otherwise in writing.

I acknowledge that my child must abide by the conditions of acceptable usage set out in the department's student use of digital devices and online services, which is located at https://education.nsw.gov.au/policy-library/policies/pd-2020-0471 and that any breach of this policy may, at the school's discretion, result in disciplinary action in accordance with the school's behaviors policy.

Student full name: _____

Parent/Carer full name: _____

Parent/Carer signature: _____

Date of signing: _____

NSW Department of Education

Consent to use third-party software

Gilgandra Public School

10 Wrigley St, Gilgandra NSW 2827, Australia
Phone: 6847 2043
Email: gilgandra-p.school@det.nsw.edu.au

Dear parent/carer,

Gilgandra Public School is committed to providing a technology-rich environment for our students. Our school community considers the use of Information and Communication Technology (ICT) as fundamental in assisting teaching and learning in all areas of the school curriculum.

The school uses third-party software providers offering web-based online educational resources and cloud-based storage to support our administrative functions and enhance student learning outcomes.

In most instances, students are required to register before accessing the software. Registration involves either a staff member or student entering identifying information such as name, school year, and the student's school email address into the software.

Please complete the consent form seeking your approval to register your child to use certain software and return it to school. If you require further clarification, you can contact Chantel Chandler [Digital Classroom Officer].

Yours sincerely

Michael Darcy

Principal

NSW Department of Education

Consent to use third-party software

The Department of Education has entered into contracts for a range of essential student education and administration software. The department has assessed the privacy impacts and data security controls as compliant with NSW privacy requirements and a list of that software is available at https://education.nsw.gov.au/public-schools/going-to-a-public-school/privacy-information . Additionally, this year Gilgandra Public School will use the third-party software listed in the table below. Please indicate your consent for each application.

Software Name	Student Information Captured	Country Information Is Stored	Information Shared	Your Consent
Inquisitive (Online service) To teach children Geography, STEM, History, English, Civic and Citizenship **https://www.inquisitive.com/au**	First name*, Surname*, Email address, Academic testing*, Works*, Year level, Class name, School name, Country or State/Province, Responses - online learning* * denotes optional	NSW, Australia	No data is shared.	☐ Y ☐ N

Consent to use third-party software

This consent remains effective until I advise the school otherwise in writing.

I acknowledge that my child must abide by the conditions of acceptable usage set out in the department's Student use of digital devices and online services [https://education.nsw.gov.au/policy-library/policies/pd-2020-0471] and that any breach of this policy may, at the school's discretion, result in disciplinary action in accordance with the school's behaviour policy.

Student full name:

Parent/Carer full name:

Parent/Carer signature: .....

Date of signing:

Gilgandra Public School

Safe, Respectful, Learners

Principal

Michael Darcy

Phone: 02 6847 2043 Email: gilgandra-p.school@det.nsw.edu.au

Dear Parents/ Carers,

As it is the beginning of a new school year, we would like to ensure that all our students Asthma and Allergy plans are up to date.

Please indicate on the form below if your child has any of the following and return to school as soon as possible:

- ☐ Asthma
- ☐ Allergies
- ☐ None of the above

If you have indicated that your child has Asthma or Allergies, please follow the directions below:

Asthma

As you have indicated that that your child has Asthma, we require a copy of their Asthma Action Plan as approved by your GP.

In addition, there are two options available.

If you would like the school to keep a reliever puffer on hand, please provide one to the school office labelled with your child's name.

Alternatively, you may sign a form stating that you would like your child to carry their own puffer and that your child is responsible for using their puffer when needed and taking it on excursions outside of school.

Please call the school or call in to discuss which option best suits you and your child.

Allergy

As you have indicated that your child has an allergy/ allergies, could you kindly fill out the attached 'Students with Allergies' form and return to school with this form.

If your child also has a green ascia Allery Action Plan, could you return a copy of this with the attached form.

Student Name:_____

Signed:_____ Date:_____

Michael Darcy

Principal

Students with allergies

This form is to be completed by the parent /carer of a student with an allergy and returned to the principal or delegate. The school will complete the first 3 fields. The purpose of collecting this information is to identify students who are at risk of a severe allergic reaction. Information provided on this form will be used to assist the school in determining what action needs to be taken in relation to a student with an allergy and may be disclosed where required by law (for example if an ambulance is called to the school).

Dear _____

You have identified_____ as having an allergy/allergies to _____

Please complete the questions below and return to the principal or delegated executive staff

1. A doctor has diagnosed my child with an allergy to:
   - ☐ Insect/sting bite _____specify
   - ☐ Medication _____specify
   - ☐ Latex _____
   - ☐ Other, please specify_____
   - ☐ Food
     - Peanuts Yes No
     - Tree Nuts.
       Please specify: Yes No
     - Fish Yes No
     - Shellfish Yes No
     - Soy Yes No
     - Sesame Yes No
     - Wheat Yes No
     - Milk Yes No
     - Egg Yes No
     - Other, please specify_____ Yes No
2. My child has been prescribed an adrenaline injector (EpiPen® or Anapen®)
   Yes No
3. My child has a red ASCIA Action Plan for Anaphylaxis (please attach this and return the form)
   Yes No
4. My child has a green ASCIA Action Plan for Allergic Reactions (please attach this and return with the form)
   Yes No
5. My child has an ASCIA Action Plan for Drug (medication) Allergy (please attach this and return the form)
   Yes No

Completed by Parent/Carer (please print): _____

Date: / /

Signature: _____

Brien Holden Vision Institute Foundation
Level 4 North Wing, Rupert Myers Building,
Gate 14, Barker St, University of New South Wales,
Sydney NSW 2052
www.brienholdenfoundation.org | info@brienholdenfoundation.org
ABN 86 081 872 586

Consent Form for Eye Care

To: Parents/Guardians of Eligible Children Needing Eye Exams

Re: Parental Consent for Brien Holden Foundation Eye Examination and any follow up care

Student Name:_____ **DOB:** / / **School:** _____

Parent/guardian name: _____ **DOB:** / / **contact number:** _____
[note: we need parent/guardian date of birth to be able to apply for glasses through NSW Government]

Does your child identify as ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither

Does your child attend your local Aboriginal Medical Service if Yes, are you happy for us to share their eye examination results with them? ☐ Yes ☐ No If YES what AMS do they attend: _____

All eye examinations are **free of charge and bulk billed by Medicare** can you please provide your

Medicare Number_____ **child reference number:** _____

If your child requires glasses, they can be received free of charge through the NSW Government funded Spectacle Scheme, if you receive a Centrelink benefit. PLEASE supply copy of pension card.

As part of our eye exams, we ask some background questions regarding the child's eye and health history. Please fill this form in to the best of your knowledge to help us fully understand your child's eyes and vision.

Child's current eye problems:

Do you have a **main concern** regarding your child's eyes or vision?

☐ No, I'd just like them to have a routine eye examination
☐ Yes, please describe your main concern:

_____

Please indicate to what extent the following apply to your child:
Your **child complains** of the following:

Difficulty seeing far away (e.g. board at school/TV)	☐ Not at all	☐ Sometimes	☐ Almost always
Difficulty focussing up close (e.g. reading/writing)	☐ Not at all	☐ Sometimes	☐ Almost always
Headaches	☐ Not at all	☐ Sometimes	☐ Almost always

You have **noticed behaviours** in your child such as:

Sitting very close to the TV	☐ Not at all	☐ Sometimes	☐ Almost always
Holding a book/electronic device very close to face	☐ Not at all	☐ Sometimes	☐ Almost always
Excessive eye rubbing	☐ Not at all	☐ Sometimes	☐ Almost always

Brien Holden Vision Institute Foundation
Level 4 North Wing, Rupert Myers Building,
Gate 14, Barker St, University of New South Wales,
Sydney NSW 2052
www.brienholdenfoundation.org | info@brienholdenfoundation.org
ABN 86 081 872 586

Please provide as much detail as possible about the above complaints:

_____

_____

Child's eye & health history:

When was your child's last eye examination? _____

Have they ever needed glasses? ☐ No ☐ Yes – are they regularly worn? _____

Please indicate if any of the following options are relevant to your child/child's family history:

Amblyopia (Lazy Eye) ☐ No ☐ Yes, please specify: _____

Strabismus (Eye Turn) ☐ No ☐ Yes, please specify: _____

Myopia/Short Sightedness ☐ No ☐ Yes, please specify: _____

Blindness ☐ No ☐ Yes, please specify: _____

Other: _____

Medications (prescription, over the counter, herbal etc.) ☐ No ☐ Yes, please list:

_____

_____

Does your child have any known **allergies?** ☐ No ☐ Yes, please list: _____

Parent/Guardian Permission for eye examination:

I,_____Parent/guardian of,_____give my permission for this child to receive a free eye exam and glasses, if needed, by the Brien Holden Vision Institute Foundation when visiting for comprehensive school eye examinations. This consent form is valid from _____ to _____.

Parent/Guardian signature _____ **Date** _____

Waiver of Dilated Fundus/Cycloplegic Exam- *rarely required, see below for details*

I give my permission for the optometrist to perform a dilated fundus/cycloplegic exam during the examination process at the Brien Holden Foundation eye clinic if required. **It is important that we have a contact number to contact you on the day if we need to dilate your child's eyes.**

Parent/Guardian signature _____

CONTACT TELEPHONE NUMBER: _____ **Date:** _____

Dilating eyedrops – what you need to know: The vast majority of children's eye exams do not require dilating eyedrops. However, if a concern is noted such as a 'lazy eye' (amblyopia), or a turned eye, it is possible that we will need to instill eyedrops into your child's eyes to help determine the exact glasses prescription required. It is an important assessment to ensure the best outcome for your child.

These drops temporarily enlarge the child's pupils and reduce their ability to focus up close. As a result, the child will notice blurred near vision and increased sensitivity to light for several hours and will recover from these effects completely well within 24 hours.

Dear Parents/Carers

www.hearourheart.org

The Hear our Heart Ear Bus Project will be visiting our school this year to deliver their healthy ears program and targeted hearing testing to help our children achieve better learning outcomes.
They are a project owned by the local charity which started in 1997; Dubbo District Parent Support Group for Deaf / Hearing Impaired. The group of dedicated local volunteers have been fundraising since 2012 to pay appropriate professionals to deliver the program. They have their purpose built bus to do the testing proudly donated by Sainsbury Automotive and expertly built by Alloy Welding Industries, Dubbo. We will be working hard this year to help fundraise to help this project to continue in our school.

Please return the permission note and checklist ASAP to your child's teacher if you would like your child to be part of the program. Children's ear health changes so quickly throughout the year which can affect their learning. If we have the permission notes ready they can be tested at any time you or your child's teacher are concerned as the notes remain current for 1 school year.

How the testing program works:

1. **EVERY** child at school is given a permission note for hearing screening, however not every child will need to be tested. WHY?
   - The project prefers to send notes for every child to **help promote prevention and education of hearing loss** for all families, not just the ones who have ear problems as ear health changes so quickly.

2. **Not all children need to be tested each time**.
   When the notes are returned we will work with Hear our Heart to look at your child's medical history, your checklist and the teacher's checklist to **prioritise** and **target** the children who we feel need a test according to the checklists.
   - However, if you are concerned about your child's learning **at any stage throughout the year** please speak to their teacher as ear health changes from week to week.

3. The project returns every 3-4 months to school to monitor. They also have a Community Day Clinic parents can book into anytime. Clinics are held in Dubbo, Wellington, Narromine/Trangie, Nyngan and in 2020 starting in Warren.

4. The project has access to a free Ear Specialist Clinic through the Department of Education Hearing Support Team. Let your child's teacher know if you need to use this clinic.

I encourage you to promote this worthy project when you can and if you are interested in joining their volunteers please contact them. They are not government funded for staff and heavily rely on partnerships, donations and volunteers.

Keep up to date with their progress on Facebook or by emailing to be placed on their monthly update mail out.

Contact their volunteer Directors Donna Rees and Rachel Mills; directors@hearourheart.org 68848751

Michael Darcy - Principal

Permission Note for hearing testing

24 Erskine St. Dubbo. 68848751

About us - we are a local charity owned by Dubbo & District Parent Support Group for deaf and hearing impaired Inc. We started to fundraise in February 2012 to bring healthy ears education and targeted hearing testing **back into Public and Private Schools/Childcare** in Dubbo and Districts. Our service relies on donations and volunteers. Our Ear Bus is provided by Sainsbury Automotive and our staff are funded by the Walter & Eliza Hall Charitable Foundation. Find us on Facebook www.hearourheart.org

Child's Details

First Name:		Surname:	M / F
DOB: Age:		Indigenous: Y / N	Is English your child's first language Y / N
School/Childcare:		What days. (Childcare only)	Class: Teacher:

Parent / Carer Details

Name:	Phone:	Address:
Email:		

I give consent for my child to have their hearing tested through the Hear Our Heart Ear Bus Project program, which may include the Sound Scouts hearing check.
I give consent for the permission note to be VALID for the ENTIRE time that my child attends THIS school.

☐ **I agree for my child's results to be shared / discussed** with the persons involved in my child's education and or health care to achieve the best outcome for my child.

☐ I agree for my **child's photo** to be taken and used to promote the Hear Our Heart Ear Bus Project at school in posters, the school newsletter or the local newspaper.

☐ I agree for my **child's photo/ video** to be taken and used to promote Hear Our Heart Ear Bus Project on social media sites including, but not limited, to Facebook, YouTube or in presentations to highlight the outcomes of the program. I understand at **NO time** my child's personal information will be provided.

***No treatment is performed at testing time and all information is confidential. If your child sees a Specialist, we will forward your child's test to them. The **school will follow up with you** if further appointments are needed.

Parent/Carer signature: _____ Date: _____

Child's Medical History;
The questions below help the Audiologist to understand your child's health, as some may affect hearing loss.

Do you have any concerns about your child's hearing/learning/behaviour? If yes, please explain.	Y / N
Is there a family history of otitis media /ear infections? If yes, please explain.	Y / N
Is there a family member with a history of **permanent** hearing loss at a **YOUNG** age? If yes, please explain.	Y/ /N
Was your child born premature before 32 weeks or received treatment at birth for any reason, such as given gentamicin antibiotics at birth? If yes, please explain.	Y / N
Has your child had any developmental delay, significant health problems, or severe head injuries? If yes, please explain:	Y / N
Has your child accessed Early Intervention, such as Speech Therapy or Occupational Therapy? If yes, please explain.	Y / N
Has your child had any head, facial, or neck operations for any reason, such as cleft palate? If yes, please explain.	Y / N
Does your child have any syndrome that may be related to hearing loss, such as Downs, Pendred, or Usher syndromes? If yes, please explain.	Y / N
Has your child had ear surgery? If yes, when? **Year:** **Name of Ear Specialist:** **Type of ear surgery;**	Y / N
Does your family have Private Medical Insurance?	Y / N
Does your child see a Paediatrician, if so who and for what reasons?	
Is there any additional information you would like to add?	

Volunteers for the Ear Bus Project with a WWCC may be assisting on testing day. They help to keep our service running for your child. Please contact us if you would like to become a volunteer.

Hearing Loss

Parent/Carer Checklist

www.hearourheart.org
68848751

Childs Name: _____

- **Below are some indicators of hearing loss for children ages 6 months to 18 years.**
- **Please TICK the box if your child shows these characteristics and return to your child's teacher. They may be able to help you to organise a hearing test.**
- **Please leave BLANK if they do not show characteristics. If you do not tick any boxes at all please keep at home for future reference.**
- **If you feel your child needs a hearing test phone Hear our Heart Ear Bus.**

Behavioural Identifiers

It is obvious that your child watches your face to lip read		Aggressive to others - spontaneous and out of character	
Watches others to see what to do		Erratic behaviour– can be on/off	
Appears not to be listening **on/off**		Loses interest easily or switches off	
Often says "what" or "huh"		Poor socialisation skills	
Responds inappropriately or is **slow** to respond to instructions.		Gets confused or **mood changes** when there is **a lot** of noise or **sudden loud** noises	
During conversation responds with something totally **off** the topic		Sits close to the TV, or has TV and or music too loud (loud music common in teens)	
Doesn't like to join in with others		Has separation anxiety (toddlers)	
Fidgets or easily distracted			

Learning Identifiers

Has learning difficulties	Demands a lot of attention at home
Delayed language development	

Please remember:

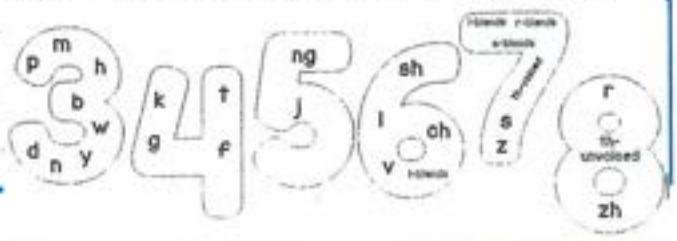
- ***Up until age 9, 'glue ear' comes and goes. Some may have symptoms** some weeks/months **but not the next.***
- ***In teenagers going through hormonal changes, sometimes sudden hearing loss can develop.***

Physical Identifiers

**__Runny nose__—often or for long periods		**Ooze** from the ear	
****Constant nasal allergies** - this blocks the eustachian tube as it swells shut		Poor gross motor skills/**difficulties with balance**	
****Mouth breather–** easy indicator as when the nose is full you have to use the mouth to breathe!		Puts head to the side as if to shake fluid out **(toddlers)**	
Re-occurring ear and chest infections		Redness around the ear **(toddlers)**	
Complaining of sore ears and throat		Rubbing or pulling of the ear **(babies)**	
Feels like the ears are blocked		Leaning in to hear **(teenagers)**	

Speech Identifiers

Difficulty in understanding their speech	Age a child should be able to say the sound
Speaks in very soft **or** very loud voice	
Speech development below age-see picture	



Please √ if there are known disabilities below (known to have indicators of hearing loss)			
Autism		Ushers Syndrome	Downs Syndrome
Cleft Palate			Cytomegalavirus (CMV)
Bacterial Meningitis (at what age?)			Treacher Collins Syndrome

- Was your child given GENTAMICIN type antibiotics in at birth? (Gentamicin is known to cause hearing loss). If yes please explain:

_____

- Please comment if there are other known diagnosed conditions or relevant information you would like to share.

_____

For more information on prevention & awareness see– www.hearourheart.org