

HEALTH INFORMATION Confidential Please complete ALL relevant sections.

Student's name _____ DOB _____

Parent/Caregiver name completing form _____

GP and Dental details

Is your child enrolled in the School Dental Programme? YES NO

GP Name _____ Dental Practice Name _____

Address _____ Address _____

Phone _____ Phone _____

Parent/Caregiver Permission

I consent to my son/daughter receiving Panadol YES NO

In event of an emergency I consent to any incurred costs (ie Ambulance) YES NO

Immunisations

Is your child fully immunised to date? YES NO

Is your child non immunised? YES NO

Is your child partially immunised? YES NO

If so which immunisations have not been given _____

Does your son/daughter have any of the following health conditions: currently or in last 2 years.

If so please complete details and submit any additional paperwork to the nurse.

ADHD/ADD

Medications _____

Allergies

Please list _____

Treatment required _____

Epipen.

If an Epipen has been prescribed to manage allergies please include copy of action plan.

Will Epipen be kept in students school bag or Health Centre? _____

ASD/Aspergers

Details _____

Asthma.

Treatment regime _____

Best Peak Flow _____

If student has an Asthma Management plan please include copy.

Concussion

Details _____

Diabetes

Medication and testing regime _____

Please include copy of Diabetes action plan.

Epilepsy

Type of seizures _____

Medications _____

Action plan _____

Hearing impairment

Details _____

Heart Conditions

Details _____

Immunocompromised

Details _____

Mental Health conditions

Anxiety YES NO

Depression YES NO

Other YES NO

Currently seeing a health Professional for the above Mental Health YES NO

If yes to any of the above

Details _____

Musculoskeletal ie arthritis or scoliosis

Details _____

Physical disability

Details _____

Visual impairment

Details _____

Other: any other condition that staff should be aware of to ensure safety.

If you require the School Nurse to administer regular medication please contact the Nurse on 451 9065 ext 7218

Parent/Caregivers Full name _____

Signature/s _____

Email _____

Date _____

Office use only Entered _____