

HEALTH INFORMATION Confidential - File in Health Centre**Please complete ALL relevant sections of form.**

Student's name _____ DOB _____

Parent/Caregiver name _____

Home ph _____ Work _____ Mobile _____

Does your child have any of the following health conditions? If so please tick, complete details and submit any relevant additional paperwork.

☐ ADHD
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 clinic? _____

☐ ASD/Aspergers

☐ Asthma.
Treatment regime _____
Best Peak Flow _____
If student has an Asthma Management plan please include copy.

☐ Coeliac disease

☐ Developmental Disability.
Details _____

☐ Diabetes
Medication and testing regime _____
Please include copy of Diabetes action plan.

☐ Epilepsy
Type of seizures _____
Medications _____
Action plan _____

☐ Hearing impairment
Details _____

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- ☐ Heart Conditions
Details _____
- ☐ Immunocompromised
Details _____
- ☐ Kidney conditions
Details _____
- ☐ Mental Health conditions
Details _____
- ☐ Visual impairment
Details _____
- ☐ Other: any other condition that staff should be aware of to ensure safety.
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***Please note: if you require the School Nurse to administer regular medication please contact her on 415 5473 ext 607.**

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 and/or Ibuprofen | YES | NO |
| • I give permission to disclose this information to appropriate staff | YES | NO |
| • In event of an emergency I consent to any incurred costs (ie Ambulance) | YES | NO |

Immunisations

Yes No

☐ ☐ Is your child fully immunised to date?

☐ ☐ Is your child non immunised?

☐ ☐ Is your child partially immunised?

If so which immunisations have **not** been given _____

Parent/Caregivers Full name _____

Signature/s _____

Email _____

Date _____

Entered on Kamar _____

