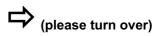
## Manurewa Intermediate School Student Health Record

Surname: \_\_\_\_\_\_ First Names: \_\_\_\_\_ Year Level: 7 8

D.O.B						
Have you ev	er had, or do	you have an	y of the follow	- ving? Ple	ease tick.	
Medical Condition			No	Yes	Medication Required	
Allergies						
Asthma						
Attention Deficit Hyperactive Disorder						
Back/Neck Problems						
Bleeding Disorders						
Diabetes						
Dyslexia						
Epilepsy						
Glandular Fe	ever					
Hay Fever						
Headaches -	- Frequent or s	severe				
Head Injury						
Hearing Prob	olems					
Heart Condition						
HIV / Hepatit	is A or B					
Migraines						
Nose Bleeds						
Respiratory i	llness (not ast	hma)				
Rheumatic F	ever					
Seizures/Fits	;					
Skin disorders e.g. Eczema						
Sports Injury						
Tuberculosis						
Vision Problems e.g. Glasses etc						
A course of treatment / Counselling						
Any medical	condition not	isted above –	details:			
	Regular med uired docum	-	-	ration at	school may be left with the School Offi	ice
Are childhood vaccinations current?				Yes	If possible please provide proof of vaccination	Yes
	es/Mumps/Rub	ella				
Hepatitis	(0.00)			ļ		
Tuberculosis – (BCG)						
	man Measles)					
Meningococo	cai Disease			-		
Tetanus					/ / (date of last tetanus injection)	

COVID-19 (two doses)



Doctors Name: Phone No:						
Address :						
Dentist Name : Phone No:						
Address :						
I wish to enrol my child in the Ministry of Health's School Dental Service Yes ☐ No ☐ (situated on site at Manurewa Intermediate)						
Where appropriate the school may administer non-prescription medicines e.g. Panadol / paracetamol, antihistamine, Mylanta, throat lozenges etc.						
If considered to be necessary I give permission for my child to undergo a health assessment and screening i.e. vision, hearing etc.						
Parent / Guardian signature						
The school realises that family circumstances and a student's health may change in the course of a year. It would be very much appreciated if the school is notified as soon as possible by either:						
<ul><li>a) a phone call to the office ph.: 09 266 8268</li><li>b) a note to the Form Teacher</li></ul>						
In Case of Accident or Emergency In case of an accident or emergency and the school cannot contact you, or if the accident is serious, the School may arrange for your child to be taken to your Doctor, local Medical Clinic or Accident and Emergency. I give permission for the school to make the necessary arrangements for the treatment of my child in an emergency and agree to meet any costs incurred.						
Parent / Guardian signature						
I certify that the above information, to the best of my knowledge is true and complete						
Signature: Date:  Parent or Guardian						

This information will remain confidential and will be treated in accordance with Privacy Act and Health Information Code 1994