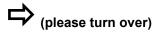


Manurewa Intermediate School Student Health Record



Surname:	First Names:		s: Year Level: 7	7 8			
D.O.B							
Have you ever had, or do you have any of the following? Please tick.							
Medical Condition	No	Yes	Medication Required				
Allergies							
Asthma							
Attention Deficit Hyperactive Disorder							
Back/Neck Problems							
Bleeding Disorders							
Diabetes							
Dyslexia							
Epilepsy							
Glandular Fever							
Hay Fever							
Headaches – Frequent or severe							
Head Injury							
Hearing Problems							
Heart Condition							
HIV / Hepatitis A or B							
Migraines							
Nose Bleeds							
Respiratory illness (not asthma)							
Rheumatic Fever							
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 listed above – details:							
Medication: Regular medication requiring administration at school may be left with the School Office							
after the required documentation is completed.							
Are childhood vaccinations current?		Yes	If possible please provide proof of vaccination	Yes			
MMR Measles/Mumps/Rubella							
Hepatitis Tuborquiosia (RCC)							
Tuberculosis – (BCG)							

Ale dimaneda vadematione darront.	100	vaccination	103
MMR Measles/Mumps/Rubella			
Hepatitis			
Tuberculosis – (BCG)			
Rubella (German Measles)			
Meningococcal Disease			
Tetanus		/ / (date of last tetanus injection)	
COVID-19 (two doses)			



Doctors Name:	Phone No:			
Address :				
Dentist Name :	Phone No:			
Address :_				
	child in the Ministry of Health's School Dental Service Yes □ No □ t Manurewa Intermediate)			
	e the school may administer non-prescription medicines e.g. Panadol / paracetamol, lanta, throat lozenges etc.			
If considered to be screening i.e. vision	e necessary I give permission for my child to undergo a health assessment and on, hearing etc.			
Parent / Guardia	n signature			
	es that family circumstances and a student's health may change in the course of a very much appreciated if the school is notified as soon as possible by either:			
	call to the office ph.: 09 266 8268 the Form Teacher			
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 / Guardia	n signature			
I certify that the above information, to the best of my knowledge is true and complete				
Signature:	Parent or Guardian			

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