MANUREWA INTERMEDIATE SCHOOL

'Adventurous risk takers; persistent focussed achievement'

Student Health Record

Surname: _____ First Names: _____ Year Level: 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			
Tuberculosis – (BCG)			
Rubella (German Measles)			
Meningococcal Disease			
Tetanus		/ / (date of last tetanus injection)	

⇨ **(please turn over)**

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:

a) a phone call to the office ph.: 09 266 8268
b) a note to 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 / 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