



## **STUDENT HEALTH RECORD (*Confidential*)**

To help maintain records for the Health Department, and to help us care for your son/daughter in any illness/emergency situation, could you please answer the following questions.

STUDENT'S SURNAME: \_\_\_\_\_

STUDENT FIRST NAMES: \_\_\_\_\_

FAMILY DOCTOR'S NAME: \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

DOCTOR'S PHONE: \_\_\_\_\_

**Does your daughter have, or has she ever suffered from:**      Specify Treatment & Medication if Required:

Asthma	Yes/No	_____
Diabetes	Yes/No	_____
Epilepsy	Yes/No	_____
Rheumatic Fever	Yes/No	_____
Hepatitis A, B or C	Yes/No	_____
Glandular Fever	Yes/No	_____
Tuberculosis	Yes/No	_____
HIV or AIDS	Yes/No	_____
ADD, ADHD	Yes/No	_____
A Heart Condition	Yes/No	_____
Allergic reaction to Stings	Yes/No	_____
Allergic reaction to Food	Yes/No	_____
Allergic reaction to Medication	Yes/No	_____
Allergic reaction to Other	Yes/No	_____

**Does she suffer from any other Physical or Mental condition or disability?**      Yes/No

If Yes, please state the condition or Disability \_\_\_\_\_

**Does she take on a regular basis any medication not previously stated?**      Yes/No

Please list medication \_\_\_\_\_

**Has your daughter had the following vaccinations:**

Meningococcal B	Yes/No
Measles/Mumps/Rubella (MMR)	Yes/No
Hepatitis B	Yes/No
Tuberculosis (BCG)	Yes/No
Polio & Triple Vaccine	Yes/No

Any further comment you may wish to add: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accident or Emergency Situations:** If the school is unable to contact you or if the accident or emergency is serious, the Nurse may decide to take your child to the Medical Centre affiliated with the school or to the Auckland City Hospital A & E Department.

***I give my permission for the Nurse to make such arrangements as believed necessary and I will meet the costs incurred. I give my permission for 'over the counter' medication to be given to my child for the relief of minor ailments and that I have fully disclosed all information relating to the above and accept responsibility for any outcomes from non-disclosures.***

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to Daughter: \_\_\_\_\_

Other Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to Daughter: \_\_\_\_\_

