

**Medical Consent for New Enrolments**

This medical report is intended to assist the school and supervising teachers in providing the best possible care for your child in case of any illness or emergency. While this information is strictly confidential, in an emergency the school reserves the right to pass on the necessary information to Doctor, Hospital or other agencies it deems fit to hold and store information. (Privacy act 1993).

Student's Name.....Form.....

Home telephone number.....Mobile.....

Emergency contact person.....Telephone no.....

Family Doctor.Telephone no.....

Family Dentist.....Telephone no.....

1. Has your child ever suffered from any of the following? (Please circle answer)

Medication required

Asthma	Yes / No	_____
Nose bleeds	Yes / No	_____
Migraines	Yes / No	_____
Back/Neck problems	Yes / No	_____
Eyesight problems	Yes / No	_____
Hearing problems	Yes / No	_____
Diabetes	Yes / No	_____
Epilepsy	Yes / No	_____
Glandular Fever	Yes / No	_____
Heart condition	Yes / No	_____
Rheumatic fever	Yes / No	_____
Recurring Abdominal Pain	Yes / No	_____
Hepatitis A B or C	Yes / No	_____
Tuberculosis	Yes / No	_____
HIV	Yes / No	_____
Other (Please specify)	Yes / No	_____
Past illness/Operation(Details)	Yes / No	_____

2. Asthma sufferers only:

Does your child have an "Asthma Action Plan"?

Yes/No

(If yes please give copy to the school nurse)

If using preventers, the Asthma Society recommends having an action plan (requires updating every 6-12 months). Please see your Doctor.

3. Does your child have an Allergic reaction to:

Medication Required

Bee/Wasp stings	Yes / No	_____
Any Medication	Yes / No	_____
Food	Yes / No	_____
Other	Yes / No	_____

4. Does your child require any medication for regular use or for emergencies?

Yes/No

(Antihistamines for bee stings, insulin for diabetes. inhalers for asthma).

If Yes, Please send labelled medication to the school nurse.

BOTH SIDES OF THIS FORM MUST BE FILLED IN TO COMPLETE REGISTRATION



5. Has your child had the following? (Please circle answer)

Rubella (German Measles)	Yes/No	English Measles	Yes/No
Chicken Pox	Yes/No	Mumps	Yes/No

6. Has your child had the following immunisations?

Please attach immunisation certificate from family doctor.

MMR (Measles/Mumps/Rubella)	Yes/No	Tuberculosis (BCG)	Yes/No
Hepatitis	Yes/No	Rubella	Yes/No
Tetanus	Yes/No		

7. Health checks:

Year 9 students may be given a routine health assessment – this will include measuring height and weight, checking hearing, vision and blood pressure, plus a discussion on nutrition, exercise, physical / emotional health and hygiene.

(Parents will be notified if necessary and are welcome to contact the nurse with any queries.)

After health assessments have been done it may be necessary to administer medications to your child e.g. Paracetamol/Panadol, throat lozenges.

(Please note dosage will be given as recommended by the supplier).

If required I give **consent** for my child to have:

- | | |
|--|--------|
| a) Paracetamol/Panadol, Throat Lozenges, Mylanta, Ibuprofen, or Antihistamines | Yes/No |
| b) To be involved with throat swabbing | Yes/No |
| c) Consent to see the school GP | Yes/No |

8. In Case of accident or emergency:

In Case of accident or emergency and the school cannot contact you, or if the accident is serious, the school nurse, or teacher in charge may arrange for your child to be taken to the Doctor or accident and emergency.

I give permission for the school to make these necessary arrangements for the treatment of my child in an emergency and agree to meet any costs incurred.

I understand the range of services being provided by the school health centre and consent to my child accessing these services.

Parent / Guardian signatureDate.....

The school realises that family circumstances, and a student's health may change during the course of a year. It would be very much appreciated if the school is notified as soon as possible by either:

- a phone call to the Health Centre: 275 9640 Ext 703 or
- a phone call to the main office or
- a note to the class teacher.

Thank you very much for your assistance.

This information will be held in the Health Centre.

BOTH SIDES OF THIS FORM MUST BE FILLED IN TO COMPLETE REGISTRATION