



STUDENT HEALTH DETAILS

To enable the school to provide optimal care in the event of illness or injury, could you please complete the following details. This information will be shared with the Medical Practitioners within the school and will be entered onto the school data base.

Surname: _____ First Name: _____

Address: _____

Ethnicity: _____ Date of Birth: _____

Phone Numbers (Home): _____ Mobile: _____

Doctor: _____

Emergency/Alternative Contact Details:

Name: _____ Relationship: _____

Phone: Home _____ Work _____ Mobile _____

Does the student have any of the following? If yes, please specify.

Epilepsy: Yes No _____

Diabetes: Yes No _____

Skin problems e.g. Eczema, Acne: Yes No _____

Ongoing ear, nose or throat concerns: Yes No _____

Sight Problems: Yes No _____

Asthma: Yes No _____

Abdominal organ problems e.g. Kidneys: Yes No _____

Heart e.g. Rheumatic Fever: Yes No _____

Hepatitis: Yes No _____

Blood disorders e.g. Anaemia: Yes No _____

Has the student been in hospital in the past 12 months? Yes No _____

Has the student had any previous surgery? Yes No _____

Are there any restrictions on the student's participation in physical education and/or sports activities?

Allergies (Please Specify) _____

Is the student currently on any medication _____
(If medication is to be taken at school you will need to request another form from the Health Centre)

Please complete the student's vaccination records.		Year of Vaccination
Tetanus	Yes/No	_____
Hepatitis	Yes/No	_____
Tuberculosis (BCG)	Yes/No	_____
Measles/Mumps/Rubella	Yes/No	_____
Poliomyelitis	Yes/No	_____
Meningococcal	Yes/No	_____

(If available please supply a copy of immunisation status)

<u>International Students Only</u>
Policy Number: _____
Policy Details: _____

<u>Teen Parent Unit Only</u>
Midwife: _____
EDD: _____
Name of Child _____
Date of Birth _____

Do you give permission for the student to be administered Paracetamol by the Registered Nurse or qualified First Aider at the Health Centre? Yes / No / Call for permission first

Do you give permission for the student to be administered Ibuprofen (Nurofen) by the Registered Nurse? Yes / No / Call for permission first

Is there anything else we should be aware of to assist the student while at school?
E.g. stress, anxiety, depression.
