STUDENT HEALTH RECORD 2027

The information collected on this form is confidential and is used to assist in the event of an accident or emergency, or to assess any special needs the student may have – please complete it in full. This information will be stored securely and access is limited to the school Health Professional or, on request, to the student herself.

If considered necessary, for safety reasons, a limited version may be distributed to staff members immediately responsible for the student e.g. Physical Education or Food Technology staff.

You can provide additional information by emailing nurse@eggs.school.nz or phone the Health Centre on 970 6739.

NHI No: International Student	***PLEASE COMPLETE FULLY & SIGN***	Entry Year Level

STUDENT SURNAME:	**FIRST NAME:** **PREFERRED NAME:**	**DATE OF BIRTH:**

Primary Caregiver Name/Relationship to student	Daytime phone/mobile:
Primary Caregiver Name/Relationship to student	Daytime phone/mobile:
Family Doctor/GP	Contact details:

DETAILS

Medical conditions – select as appropriate		**Please provide as much detail as possible for all conditions selected (ie date of diagnosis, medication required, treatment plans etc). Use page 2 of this form or an extra sheet of paper if required.**
Asthma	Yes ☐ No ☐	Inhaler Yes ☐ No ☐ If yes, type?
Diabetes	Yes ☐ No ☐	Takes insulin Yes ☐ No ☐ Takes tablets Yes ☐ No ☐
Allergy/Allergies Mild / Moderate / Severe Does the student carry their own EPIPEN? If yes please attach a copy of the Anaphylaxis Action Plan	Yes ☐ No ☐ Yes ☐ No ☐	Allergic to: Type of Reaction Treatment
Mental Health Issues	Yes ☐ No ☐	Details:
Epilepsy	Yes ☐ No ☐	Date of last seizure On medication?
Past Head Injury with ongoing concerns	Yes ☐ No ☐	Details:
Vision or Hearing Issues	Yes ☐ No ☐	Wears glasses/contact lenses/hearing aids
Any other medical condition	Yes ☐ No ☐	Details:
Any medications NOT allowed?	Yes ☐ No ☐	Details:

VACCINATIONS: PLEASE CONTACT THE NURSE OF YOUR FAMILY DOCTOR FOR A COPY OF THE STUDENT'S VACCINATION RECORD AND UPLOAD IT YOUR ACCOUNT ON TRUE NORTH: https://mytruenorth.ca/appindex.php?db=epsom

IF YOU HAVE ANSWERED YES TO ANY MEDICAL CONDITION – Please provide as much detail as possible. This ensures we are able to care for your students safely whilst they are at school. If we require further information, the School Nurse will be in contact.

PERMISSION (INCLUDES PERMISSION TO GIVE NON-PRESCRIPTION MEDICATIONS) – Please ensure form is signed and dated.

1. I give permission for my child to receive appropriate treatment when necessary by the School Nurse, and for the School Nurse to administer non-prescription medication (delete any medication not allowed) - Paracetamol, ibuprofen, mylanta, ginger tablets, antihistamine, throat lozenges on the occasion deemed necessary.
2. In the event of an emergency, the school will contact parents/caregivers first. If no response is received, the school will contact the person entered on the enrolment application form as the Emergency Contact.
3. If the school is unable to contact anyone on the above contact numbers, or if the accident is serious, I give permission for the School Nurse or delegate to organise for my child to be taken to Accident and Emergency.
4. I give permission for the school to make arrangements as are deemed necessary for the treatment for my child in an emergency and agree to meet any costs incurred.

I give permission for the School's Registered Nurse to act on my behalf in the situations outlined above.

Parent/Guardian Signature: ..... Date: .....

Name: .....

ADDITIONAL INFORMATION **Student Name:** _____

Subject:

Subject:

Other info: