



Year Level: _____

2024 HEALTH INFORMATION FORM

Male Female Gender Diverse Transgender M to F Transgender F to M

Surname _____ First Names _____

Date of Birth: _____ Medical Centre _____

Vaccinations: Complete In Progress Not Immunised

OK for your child to have paracetamol or ibuprofen if needing it at school? Y / N

Please tick if your child has (or has had) any of the following complaints and give further details as necessary:

- | | | |
|--|---|--|
| <input type="checkbox"/> ADHD or Autism | <input type="checkbox"/> Severe allergies | <input type="checkbox"/> Asthma needing daily inhalers |
| <input type="checkbox"/> Fainting or Seizures | <input type="checkbox"/> Speech or Hearing problems | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Severe period problems | <input type="checkbox"/> Mental/Social problems |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Food/eating problems | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Serious Accidents | <input type="checkbox"/> Learning problems | <input type="checkbox"/> Toileting problems |
| <input type="checkbox"/> Ongoing treatment for any health issue? | | |

Is there any other health information we need to know? _____

Is there any health problem your child needs further help with? _____

If your child needs to take regular medication at school please complete a medication consent form.

By signing this form, you give consent for:

- School First Aiders and Nurses to provide first aid care for your child and administer any medication prescribed for your child if required.
- Year 9 students will complete a confidential youth health assessment by a Registered Nurse. Other students may also have a health assessment at school. Students are encouraged to speak with parents/caregivers about the outcome.
- The school nurse may, if required, view your child's health information from the CDHB Healthconnect South and Healthone shared information databases, strictly for the purpose of providing safe informed care. All health information is kept confidential according to the Privacy Act 1993 and the Health Information Privacy Code 1994.

IF YOU DISAGREE WITH ANY OF THE ABOVE PLEASE LET THE SCHOOL KNOW

Signed _____

Date _____ 20____