



Student Details

Family Name: _____

Given Name(s): _____

Date of Birth: _____

This information is required to help us care for the student in times of illness or in emergencies. While this information is strictly confidential, it may be necessary for the safety of the student, or others, to inform relevant staff or medical personnel of medical conditions. Teachers may be informed of conditions affecting the student's educational progress.

Privacy of information: refer to section 7 of the enrolment form.

Family Doctor Name: _____

Phone: _____

Dentist: _____

Phone: _____

If the student has any of the following conditions please indicate by ticking the box. Please also tick if i) medication is required and/or ii) an action plan or any other information should be held by the school Health Centre. If any boxes have been ticked please provide more detail and record any medication required. Continue in the space below if necessary.

<u>Condition</u>	<u>Medication</u>	<u>Action Plan</u>	<u>Further info: include any medication * required</u>
<input type="checkbox"/> Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Headache/migraine	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Heart conditions	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Hepatitis A or B	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Previous head injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Allergies (state)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> None of the above conditions apply to my child			

In the case of an allergic reaction, describe what happens: _____

Other medical or physical problems, *including any condition that may limit participation in Physical Education:* _____

Medic Alert Bracelet: Does the student wear a Medic Alert Bracelet? Yes No

Vision loss Wears glasses/contact lens? Yes No

Hearing loss Wears a hearing aid? Yes No

*** Medication:** Any medication or drugs required for regular or emergency use must be handed to the Health Centre staff. Such medication must be clearly labelled with the student's name and dosage details.

Panadol/paracetamol is the only other medication used and is given only under strict supervision.

I agree to my child taking Panadol/paracetamol for pain relief Yes No

I agree that in the case of accident or emergency, when the school cannot contact the parent/guardian or if the accident/illness is considered serious, the school may send my child to an accident and emergency department or take him/her to the doctor. ***I will pay all costs incurred*** Yes No

Year 9 Entrants: *Consent is given for an Individual Health Assessment with a School Nurse* Yes No

Signature: _____

Date: _____



All students have access to a range of services provided by the staff in the Health Centre. These services include the Guidance Counsellor and Nurses. Our aim is to meet the health needs of our students and support families to ensure students are in class, ready and able to learn.

Year 9 Assessment

All Year 9 students are offered an individual Health Assessment with a School Nurse. The nurse will take measurements of height, weight and blood pressure, and conduct vision and hearing screening. A discussion helps to identify any health needs that may impact on a student's wellbeing.

For more information please contact Julia Holmes, School Nurse, on Tel: 576 9039 Ext: 839.

Every student is asked for consent before an assessment is undertaken, and has the right to decline. All information is confidential and held at the Health Centre. No other person inside or outside of the school has access to the student's information, unless the student is in danger, when information would be shared with another health professional with the student's knowledge.

Please indicate on the Student Health Record form whether you consent to your child participating in the Year 9 Health Assessment.

If you have any queries or wish to know more about the services we provide please feel free to contact us.

Nurse:

Julia Holmes

Tel: 576 9039 Ext: 839

J.Holmes@edgewater.school.nz

Nurse:

Anna Ginn

Tel: 576 9039 Ext:831

A.Ginn@edgewater.school.nz

Guidance and Counselling:

Mike Williams

Tel: 577 0404

M.Williams@edgewater.school.nz