



CONFIDENTIAL HEALTH INFORMATION

Student's full legal name: Preferred Name: Date of birth:

Doctor's name and Practice: Phone:

Dentist's name and Practice: Phone:

Does your daughter take any prescription medicines? Yes / No If so, please state medicine(s):

Does your daughter have (or ever suffered from) any of the following? (Tick the appropriate boxes below)

- ADHD / ADD, Anaemia (low iron), Anxiety disorder, Asthma, Blood-borne illness, Corrective lenses required, Diabetes, Depression, Epilepsy, Fainting, Glandular Fever, Gynaecological (e.g. painful periods, Endometriosis), Hay fever, Headaches / Migraines, Head injury / concussion, Hearing aids required, Hearing loss, Heart condition, Muscular-Skeletal, Rheumatic Fever, Vision Loss, Other

Please describe and give dates:

Does your daughter suffer from allergies? Yes / No If yes to allergies, please state to what (e.g. insect stings / medications / foods)

Please describe the type of reaction (e.g. rash / anaphylaxis):

Medication needed for allergies: Describe:

Epipen carried by student Yes/No Medic Alert Bracelet? Yes / No (if yes, provide number and reason):

Has your daughter ever had a surgical procedure? Yes / No If yes, please describe and give dates:

Do you consent for the following to be administered at Wai Ora (circle): 1. Paracetamol YES / NO 2. Over-the-counter Antihistamine YES / NO 3. Salbutamol Inhaler (Ventolin /Respigen) YES / NO

In cases of emergency, the School Nurse can administer Glucagon (for treatment of hypoglycaemia) and Adrenaline (for treatment of anaphylaxis).

We have medications available to students at Wai Ora with (Standing Orders) guiding their administration. However, we encourage students to carry their own supply of over-the-counter medications, such as Paracetamol / Ibuprofen and/or prescribed medications such as Ventolin inhalers to avoid missing class when possible. ** Please note: There is the facility at Wai Ora to store your daughter's prescribed medication for her to access during the day as required.

Immunisation Status

Is your daughter immunised? Yes / No - If yes, please indicate which immunisations has she received? (Tick the appropriate boxes below)

- DTaP (Diphtheria, Tetanus, Pertussis (Whooping Cough)) 6 weeks, 3 months, 5 months, 4 years; Tdap - Boostrix (Tetanus, Diphtheria, Pertussis (Whooping Cough)) 11 years; Hepatitis B: 6 weeks, 3 months, 5 months; MMR (Measles, Mumps, Rubella) (2 doses required) 15 months, 4 years

Additional Information (Any further comments you may wish to add):

If you would like to discuss any physical or mental health concerns your daughter has, please feel welcome to contact the School Nurses at Wai Ora, the Wellness Centre, PH 757 3899 extension 837 or email nurses@npghs.school.nz

Disclosure of Information

The above information is requested to provide NPGHS with the appropriate medical knowledge relating to your daughter and the means to make contact with you if necessary. If NPGHS is unable to contact you in an emergency, we will seek appropriate medical assistance on your daughter's behalf. Please sign below giving us permission for the above information to be passed onto relevant medical personnel.

Full name of parent / caregiver Signature: Date:

Please note: The provision of health information pertaining to your daughter is optional (though deemed very important).

If you decline to provide the health information on this form, please sign below:

Full name of parent / caregiver Signature: Date:

If you decline for a nursing assessment and/or care to be given to your daughter at Wai Ora please sign below:

Full name of parent / caregiver Signature: Date: