

# PAPAKURA HIGH SCHOOL



## HEALTH HISTORY FORM

Please answer the following questions about the student that you are enrolling at Papakura High School so that we can take care of them if they get sick or hurt. The form will be kept in the Nurse's office and the nurses will only share this information with others who need to know.

Student's Name..... Date of Birth.....

Year level..... NHI-number \_\_\_\_\_

### Name of person filling out this form?

Name..... What is your relationship to student? .....

1. **Which Doctor/clinic does the student go to?** ..... Phone No: .....
- Which Dentist does the student see?** ..... Date of last visit: .....

### 2 MEDICAL CONDITIONS

Has the student ever had any of the following things?

Medical Conditions	Yes	No	If Yes Why?
Have they ever been a <b>patient in a hospital</b> overnight?	Yes	No	If Yes Why?
<b>Asthma</b> (trouble breathing) Do they have an inhaler? Do they have an "Asthma Action Plan"?	Yes	No	If Yes- What is the name of the medicine they take?
<b>Diabetes</b> (sugar in the blood) Do they take any medicines or injections?	Yes	No	If Yes- What is the name of the medicine they take?
<b>Epilepsy</b> (fits or seizures) Do they take any medicines?	Yes	No	If Yes- What is the name of the medicine they take?
<b>Rheumatic Fever</b> (heart problems) or any other heart problems Do they take any medicines or injections?	Yes	No	If Yes - What is the name of the medicine they take?
Is the student seeing a <b>counsellor</b> ?	Yes	No	If Yes Why?
Is there <b>anything else</b> you think we should know about?	Yes	No	
Are there any <b>other medicines</b> that you haven't already mentioned?	Yes	No	

**3 ALLERGIES- Is there anything that makes the student unwell if they eat it, breathe it or touch it?**  
(Please record below)

Allergic Reaction To	What happens to them?
Have they ever been told that they require an <b>Epipen?</b> Yes      No	If yes- Have you supplied the school with the appropriate medication that may be required?      Yes      No

**4 MEDICINES**

Please send **any** medicines that the student may need to take at school regularly or for emergencies (e.g. antihistamines for bee stings) to the School Nurse to keep locked in the cupboard. They will need to have their medicine in the original bottle or box from the chemist or doctor, with their name on and how much they need to take.

You can tell us more about the medicine here:

What is its name? .....

What is it for? .....

**5 IMMUNISATION**

Has the student ever had a tetanus immunisation/injection?      **YES**      **NO** *(please circle answer)*

If **YES**, list date of last tetanus injection.....

**6** Does the student have **trouble hearing?**      **YES**      **NO**

Does the student wear a **hearing aid?**      **YES**      **NO**

**7** Does the student have **trouble with their vision** or seeing?      **YES**      **NO**

Does the student wear **glasses or contacts?**      **YES**      **NO**

**8. Year 9 Health Assessment –** Do you allow the School Nurse to conduct a Health Assessment on your child ?      **Yes**      **No**

**9 PERMISSION FOR GIVING MEDICATION AT SCHOOL**

Sometimes it may be necessary for the nurse to consider giving students Panadol (Paracetamol) at school

**Please sign below if you agree to the nurse giving the student Panadol while at school.**

**I give permission for the School Nurse to give Paracetamol/Panadol**

**to..... if they have examined them and feel that it would help.**

Parent/Guardian Signature .....

Please print your name.....

**In case of a serious illness or accident students will be taken to a doctor for care. An ambulance may be called if necessary. A parent/guardian will also be called, so please ensure that the school has your most current contact details. Any costs incurred are a family responsibility.**

**Note** This information is for School purposes. The School reserves the right to pass on this information to other agencies it sees fit to hold and store the information.