

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.....

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 had any of the following things?

| Medical Conditions | Yes | No | |
|---|-----|----|---|
| Have they ever been a patient in a hospital overnight? | | | If Yes, why? |
| Asthma (trouble breathing) | | | If yes, what is the name of the medicine they take? |
| Do they have an inhaler? | Yes | No | |
| Do they have an "Asthma Action plan?" | Yes | No | |
| Diabetes (sugar in the blood) | | | If yes, what is the name of the medicine they take? |
| Do they take medicines or injections? | Yes | No | |
| Epilepsy (fits or seizures) | | | If yes, what is the name of the medicine they take? |
| Do they take any medicines? | Yes | No | |
| Rheumatic Fever (heart problems) or any other heart problems | | | If yes, what is the name of the medicine they take? |
| Do they take medicines or injections? | Yes | No | |
| Is the student seeing a counsellor ? | Yes | No | If yes, why? |
| Is there anything else you think we should know about? | Yes | No | |
| Are there any other medicines 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 Epipen? 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 it and how much they need to take.

You can tell us more about the medicine here:

What is it's name?.....

What is it for?

5. **IMMUNISATION**

Please include a copy of your child's immunisation record. Your GP/Health Care Provider can help you with this.

6. Does the student have difficulty hearing or wear hearing aids? Yes No
7. Does the student have difficulty seeing or 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 give the student Panadol or antihistamines while at school.

I give permission for the School Nurse to give Paracetamol/Panadol and or an antihistamine to if they have examined them and feel it would help.

10 **PERMISSION FOR MY CHILD TO RECEIVE FREE DENTAL CARE INCLUDING MINOR TREATMENT, IF NECESSARY**

I give permission for the School Dental Service provider to examine my child and provide minor treatment

to if they have examined them and feel it is necessary

In case of 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 information.