



## Medicines

Please send any medicines that the student may need to take at school regularly to the sickbay where it will be kept in a locked 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.

| Medicine name | Required for |
|---------------|--------------|
|               |              |

## Immunisation Record

Your doctor or Plunket Book can help with this information.

|                          |                   |           |        |
|--------------------------|-------------------|-----------|--------|
| Diphtheria               | Yes No            | Mumps     | Yes No |
| Hepatitis B              | Yes No            | Pertussis | Yes No |
| HIB                      | Yes No            | Polio     | Yes No |
| Measles                  | Yes No            | Rubella   | Yes No |
| Meningococcal B          | Complete Awaiting | Tetanus   | Yes No |
| Immunisations Completed? | Yes No            |           |        |

Immunisation comment:

Does the student have difficulty hearing or wearing hearing aids? Yes No

Does the student have difficulty seeing or wear glasses or contacts? Yes No

Please complete Doctors details, special needs of the child or family circumstances of which the school should be aware of and permission to administer paracetamol on the enrolment form.