



Health Form

Please answer the following questions about the student you are enrolling so that we can take care of them if they get sick or hurt.

Students Name:	Date of Birth:
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Medical Conditions

Has the student had any of the following?

Asthma Do they have an inhaler? Do they have an "Asthma Action Plan"?	Yes No Yes No	If yes, what is the name of the medicine they take? Please leave an inhaler and Action Plan in the sickbay.
Diabetes Do they take medicines or injections?	Yes No	If yes, what is the name of the medicine they take? Please note that we can not give injections. Please provide an Action Plan
Epilepsy Do they take any medicines?	Yes No	If yes, what is the name of the medicine they take?
Rheumatic Fever Do they take medicines or injections?	Yes No	If yes, what is the name of the medicine they take?
Is the student seeing a counsellor?	Yes No	If yes, why?

Allergies:

Allergic reaction to	What happens to them?

Are they required to have an EPIPEN? Yes No	If yes, have you supplied the school with the appropriate medication that may be required? Yes No

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

Does the student have difficulty hearing or wearing hearing aids?	Yes	No
Does the student have difficulty seeing or need to wear glasses or contacts?	Yes	No

Immunisation Record			
Your doctor or Plunket Book can help with this information.			
Diphtheria	Yes	No	Mumps
	Yes	No	Yes
Hepatitis B	Yes	No	Pertussis
	Yes	No	Yes
HIB	Yes	No	Polio
	Yes	No	Yes
Measles	Yes	No	Rubella
	Yes	No	Yes
Meningococcal B	Complete	Awaiting	Tetanus
	Complete	Awaiting	Yes
Immunisations Completed?	Yes	No	
	Yes	No	

Name of Parent/Guardian _____

Signed _____

Date: _____

