

MEDICAL INFORMATION

Student's full name: DoB:

NHI Number: Dentist contact details:

Doctor contact details:

Has your child ever suffered from?					
Hepatitis A,B,C	Yes / No	Diagnosed migraines	Yes / No	Chronic nosebleed	Yes / No
Past head injury	Yes / No	ADHD / Autism	Yes / No	Asthma	Yes / No
Concussion	Yes / No	Depression	Yes / No	Epilepsy	Yes / No
Rheumatic Fever	Yes / No	Travel sickness	Yes / No	Diabetes	Yes / No
Glandular Fever	Yes / No	Heart condition	Yes / No	Endometriosis	Yes / No
Hearing / sight loss	Yes / No	Allergies: Food	Y / N	Medication	Y / N
				Insect Bites	Y / N
Medication or Action required:					
Comments:					
In the case of illness, accident or emergency, I give permission for the registered school nurse at Rodney College to administer non-prescribed medications when deemed necessary such as:					
Paracetamol	Yes / No	Ibuprofen	Yes / No		
Antihistamines	Yes / No				
For the nurse or delegate to take my child to Accident and Emergency or a doctor, when a parent or guardian is unreachable and agree to meet any cost incurred.					Yes / No
Vaccination Record			Yes	No	Don't Know
6wks	RV / DTap-IPV-HebB / Hib / PCV				
3mths	RV / DTap-IPV-HebB / Hib / PCV				
5mths	RV / DTap-IPV-HebB / Hib / PCV				
15mths	Hib / MMR / PCV / VV				
4yrs	DTap-IPV / MMR				
11yrs	Tdap				
12yrs	HPV x2				

Please feel free to contact the school nurse with any changes / updates in medical history Ph 423 6030 ext 266

** Please check with your GP if unsure or if born mid-2005 or later you can check with the NIR register or details can be found in your well child book.

Health and Well-Being Assessment (HEaADSSS ASSESSMENT)

A comprehensive Health and Well-Being assessment will be completed by a registered nurse during your child's time at Rodney College, usually in Year 9. To opt out please contact the school nurse.

Parent / Guardian signature:

Date: