**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: ………………………..