MAHUHUKITERANGI – CHALLENGING. EXCELLING. BELONGING.

Mahurangi COLLEGE

HEALTH FORM

STUDENT DETAILS

Name:

Family Name First Name/s

Family Doctor's Name & Phone:

Name & Contact Phone for Mother/Caregiver:

Name & Contact Phone for Father/Caregiver:

HEALTH & VACCINATIONS INFORMATION

Has your child ever suffered from:
(if you have circled 'yes' for any of the below, please fill in details overleaf.

Asthma		Yes / No
Diabetes	☐ **Carries Glucogen**	Yes / No
	☐ **Insulin Pump**	
Epilepsy		Yes / No
Migraine		Yes / No
Allergy	☐ **Carries Epipen**	Yes / No

Has your child had the following Vaccinations:
(circle)

Diptheria	Yes / No
Hepatitis B	Yes / No
HPV - Girls only	Yes / No
Measles, Mumps, Rubella (MMR)	Yes / No
MenzB	Yes / No
Poliomyelitis	Yes / No
Tetanus	Yes / No
Whooping Cough (Pertussis)	Yes / No

OTHER DETAILS

Does your child suffer from any other health condition we should be aware of? *(if yes please fill in details overleaf)*	Yes / No
Does your child require medication at school? *(if yes please fill in details overleaf)*	Yes / No
Does your child suffer from a mental health condition? **eg: eating disorders, depression etc...** *(if yes please fill in details overleaf)*	Yes / No
Does your child wear Glasses/Contacts/have a vision problem?	Yes / No
Does your child wear Hearing Aids/have a hearing problem?	Yes / No

IN CASE OF AN ACCIDENT OR EMERGENCY

In case of an accident or emergency and the College is unable to contact you, or if the accident is serious, the Nurse may decide to take your child to Accident and Emergency or the school Doctor

I give permission for the College to make such arrangements as are necessary for the treatment of my child in an emergency and agree to meet any costs incurred.

I give permission for the College to give my child paracetamol, ibuprofen or antihistamine tablets if necessary.

Parent/Caregiver Signature _____ Date _____

HEALTH INFORMATION REQUIRED IF YOUR CHILD HAS EVER SUFFERED FROM?

Asthma

Types of inhalers used

How often

Diabetes ☐ Type 1 ☐ Type 2

Epilepsy

Type of seizures

Length of seizures

Allergy

Triggers

Symptoms

Treatment required

Details if your child suffers from any other health condition we should be aware of:

Details if your child suffers from a mental health condition:

Medication my child needs at school:

Name of medication:

Dosage: Frequency:

Any other information: