

STUDENT HEALTH INFORMATION

This information is confidential and only used to provide the best care to your child while at school. *Please remember to update the school nurse of any health concerns/changes if they arise throughout their time at Massey High School.*

STUDENT'S FULL NAME: _____ MALE / FEMALE: _____

DATE OF BIRTH: _____ NHI Number (if known) _____

ADDRESS: _____

PHONE NO: _____ ETHNICITY: _____

DOCTOR/MEDICAL CENTRE:	CONTACT DETAILS:

DENTIST	CONTACT DETAILS:

Does your child have any of the following medical conditions now or in the past?

Condition	Severity Mild / Moderate / Severe	Treatment / Date (Please provide medical action plans if necessary)	Detail (Please use a separate sheet if required)
Asthma			
Allergies			
Diabetes			
Epilepsy			
Heart Conditions			
Hepatitis A, B or C			
HIV / AIDS			
Past Head Injury / Concussion			
Rheumatic Fever			
Glandular Fever			
Hearing / Sight Issues			
Skin Conditions			
Diagnosed Migraines			
Physical Illness / Injury / disabilities			
ADHD / Autism			
Mental Health Concerns			
Other			

Is your child on any regular medication? Yes No

Details of regular medication _____

Does this medication need to be given during school hours Yes No

Please check with your GP if unsure

VACCINATION	Yes	No	Don't know
6 week			
3 months			
5 months			
15 months			
4 years			
11 years			

Please supply a copy of your child's immunisation certificate or a copy of your child's immunisation record from your GP if available

IN THE CASE OF ILLNESS, ACCIDENT OR EMERGENCY:

I give permission for the registered school nurse at Massey High School to administer non-prescribed medications when deemed necessary such as :-

Paracetamol Yes **Signed:** _____
Ibruprofen Yes **Signed:** _____
Antihistamines Yes **Signed:** _____
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 costs incurred. Yes **Signed:** _____

HEALTH AND WELL-BEING ASSESSMENT (HEADSSS ASSESSMENT)

A comprehensive Health and Well-being Assessment will be completed by a registered Nurse during your child's time at Massey High School, usually in Year 9. To opt out please contact the school nurse.

STUDENT SUPPORT SERVICES

Does your child have any specific needs that we may be able to support them with at Massey High School

Counselling Behaviour support team Special Education Needs Focus Learning

Other _____

FEEL FREE TO CONTACT THE SCHOOL NURSE TEAM ON 831 0500