

**GENERIC HEALTH FORM**

During the year it is necessary for teachers to take students out of school for a curriculum or co-curriculum trip. Each teacher who is taking a trip will inform the parent of the trip by letter. It will be the student's responsibility to forward that letter to the parent.

This form gives parental consent for these 'day only' trips and a Health Profile. It will be kept in the office for staff use only.

Student's Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Parents/Caregivers Names \_\_\_\_\_

Address: \_\_\_\_\_

Home/Work Phone Numbers \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
& Number/Cell Phone \_\_\_\_\_

Doctor: \_\_\_\_\_ Medical Group: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health:** Please tick if your child suffers or has suffered any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>	A.D.D or A.D.H.D	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	Dizzy Spells	<input type="checkbox"/>	Seizures of Any Kind	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	Glandular Fever	<input type="checkbox"/>	Strep Throat	<input type="checkbox"/>

Are there any other health issues we should be aware of, including allergies, diagnosed conditions:

\_\_\_\_\_

**Are Immunisations up to date:** MMR  & Tetanus  Yes  No

Is your child currently taking any medication? Yes  No

***If 'Yes', please ensure clear, written instructions are provided with the medication.***

**I give permission for my child to be given the medication as instructed in writing.**

Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Is your child allergic to anything? Yes  No  What? \_\_\_\_\_  
What treatment is required? \_\_\_\_\_

There are times at school when our Registered Nurse will see a need for a student to be given a Panadol.  
***Authorisation must be received by the school prior to distribution.***

**I give permission for my child to be given one (1) or two (2) Panadol tablet/s (please circle which), if required, by the College Nurse**

Parent/ Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**I give permission for my child to travel outside school for day trips as notified by letter from the Teacher in Charge**

Parent/ Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**PART FOUR:                    Health Information**

Do you have any pre-existing medical conditions or concerns?    Yes / No

If Yes please state: \_\_\_\_\_

**Vaccinations** - Please circle the ones you have been vaccinated against:

(1) Whooping Cough	(1) Diphtheria	(1) Tuberculosis
(2) Tetanus	(2) Measles	(2) Mumps
(3) Rubella (German Measles)	(3) Polio	(3) Hepatitis B

**DO you have any allergies?**

(E.g. **food allergies** like peanuts or wheat, or **medical allergies** like penicillin or bee stings):

\_\_\_\_\_

Do you carry any medication for this allergy: \_\_\_\_\_

Any other medication you require: \_\_\_\_\_

Have you had any of the following illnesses? (Please circle)

Measles	Rubella	Chickenpox	Mumps
Tuberculosis	Rheumatic fever	Meningitis	Hepatitis
Polio	Malaria	HIV	Diphtheria

Do you have any other any special health or medical needs?

**Medical & Insurance details:** *(If not yet organized, please ensure details reach us before arrival here in Rotorua. Alternatively, we can organize insurance through our approved Uni-care Insurance)*

Insurance company: \_\_\_\_\_

Policy type: \_\_\_\_\_

Policy start date: \_\_\_\_\_

Policy end date: \_\_\_\_\_