MAUNGATAPERE SCHOOL

HEALTH PROFILE & MEDICAL CONSENT (NAG 5)

Student

Health Profile

Student Information

Name: **Year:** **Classroom:**

Address:

Emergency Phone Number: **Parent sign here:**

1 Please tick if your child has any of the following:

☐ Migraine
☐ Epilepsy
☐ Asthma
☐ Diabetes
☐ Travel Sickness
☐ Fits of any type
☐ Chronic nose bleeds
☐ Heart Condition
☐ Dizzy Spells
☐ Colour Blindness
☐ Other – Please specify

……………………………………………

……………………………………………

2 Medical Alert Number (if applicable)

……………………………………………

……………………………………………

3 Date of last tetanus injection?

………/………/………

4 Is your child currently taking medication?

☐ No
☐ Yes – Please state ailment/s

……………………………………………

……………………………………………

Name of medication/s

……………………………………………

……………………………………………

Dosage & time/s to be taken

……………………………………………

……………………………………………

Other treatment

……………………………………………

……………………………………………

5 Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?

☐ No
☐ Yes – Please specify

……………………………………………

……………………………………………

6 Is your child allergic to any of the following?

Prescription medication
☐ No
☐ Yes – Please specify

……………………………………………

……………………………………………

Food allergies
☐ No
☐ Yes – Please specify

……………………………………………

……………………………………………

Insect bites/stings
☐ No
☐ Yes – Please specify

……………………………………………

……………………………………………

Other allergies
☐ No
☐ Yes – Please specify

……………………………………………

……………………………………………

Treatment required?

……………………………………………

……………………………………………

Is your child up to date with their vaccinations?
☐ No
☐ Yes

7 Outline any dietary requirements

……………………………………………

……………………………………………

……………………………………………

8 What pain/flu medication may your child be given if necessary?

……………………………………………

……………………………………………

9 To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?

☐ No
☐ Yes – please give brief details

……………………………………………

……………………………………………

10 Does your child have difficulty with toileting at night? (wet bed) Will they need support with this?

☐ No
☐ Yes – please give brief details

……………………………………………

……………………………………………

……………………………………………

11 Is there any other information that staff should know to ensure the physical and emotional safety of your child? Eg. Cultural practices, disability, anxiety about heights/darkness/small places, behavioural or emotional problems)

☐ No
☐ Yes – please give brief details

……………………………………………

……………………………………………

……………………………………………