Sacred Heart College
AUCKLAND

Student Health Record

PLEASE COMPLETE THE ENTIRE FORM IN BLOCK CAPITALS.
(Completion of this form is a requirement of the Application Process.)

Student Year Level (at start): ..... ☐ Day Boy ☐ Boarder

Family Information

Student's Surname: ..... Date of Birth: .....

Christian Name(s): (In full, underline preferred name) .....

Medical Information

Doctor's Name: ..... **Practice Phone No:** .....

Practice Name: .....

Has the student been diagnosed with any of the following medical conditions?
If Yes, please provide the nature of the condition(s) and a current management plan as necessary.

Heart Conditions ☐ Yes ☐ No Medication: .....

Diabetes (Type 1 or 2) ☐ Yes ☐ No Medication: .....

Epilepsy ☐ Yes ☐ No Medication: .....

Rheumatic Fever ☐ Yes ☐ No Medication: .....

Depression/Anxiety or other Mental Health Concerns
☐ Yes ☐ No Medication: .....

ADHD / ADD ☐ Yes ☐ No Medication: .....

Asthma ☐ Yes ☐ No Medication: .....

If Yes, is it ◯ Mild ◯ Moderate ◯ Severe

Asthma Medication: ..... ☐ Daily ☐ As required

Please ensure the student has his spacer and inhaler at school to treat any acute asthma symptoms.

Does the student have any medical conditions not listed above (eg. Cancer, Bleeding Disorders)?
☐ Yes ☐ No Medication: .....

Please provide nature of condition: .....

Allergies and Reactions

Hayfever ☐ Yes ☐ No Medication: .....

If Yes, is it ◯ Mild ◯ Moderate ◯ Severe

Significant Allergic Reactions
☐ Yes ☐ No Medication: .....

If Yes, to which ☐ Stings ☐ Medication ☐ Food

If Yes, please list Allergen(s): .....

Reaction: ☐ Rash ☐ Anaphylaxis ☐ Other: .....

Does the student carry an EPIPEN for Anaphylaxis? ☐ Yes ☐ No

Students with Anaphylaxis require a current action plan and Health Centre staff must know EPIPEN location at school.

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Does the student suffer from any disability or condition not already outlined above? (eg migraines, arthritis, hearing, vision etc). ☐ Yes ☐ No

If Yes, please provide details: .....

.....

Has the student ever been unwell with any of the following:

Chicken pox ..... ☐ Yes ☐ No Hepatitis B ..... ☐ Yes ☐ No

HIV ..... ☐ Yes ☐ No Tuberculosis (TB) ..... ☐ Yes ☐ No

Mumps ..... ☐ Yes ☐ No Glandular Fever ..... ☐ Yes ☐ No

Please state any surgery the student has undergone (eg appendectomy, tonsillectomy etc):

.....

Has the student previously suffered from a **serious concussion?** ☐ Yes ☐ No

If yes please provide details: .....

Treatment

Do you agree to the student receiving any of the following medications/treatments if considered necessary by the Health Centre staff?

If 'Yes' is not indicated, the Health Centre staff are not permitted to administer medication or refer to physio.

Paracetamol..... ☐ Yes ☐ No Antihistamine ..... ☐ Yes ☐ No

Ibuprofen (anti-inflammatory)..... ☐ Yes ☐ No Cough mixture..... ☐ Yes ☐ No

Natural anti-nausea (ginger tablets).... ☐ Yes ☐ No Professional on-site physiotherapy... ☐ Yes ☐ No

Vaccinations *Please supply a copy of the student's Immunisation Certificate. This is available from his doctor.*

Has the student been fully immunised against:

Diptheria ..... ☐ Yes ☐ No Meningococcal B ..... ☐ Yes ☐ No

Hepatitis B ..... ☐ Yes ☐ No Meningococcal ACWY..... ☐ Yes ☐ No

Pneumococcal ..... ☐ Yes ☐ No Haemophilus Influenza (Hib) ..... ☐ Yes ☐ No

Rotavirus ..... ☐ Yes ☐ No Measles/Mumps/Rubella (MMR)... ☐ Yes ☐ No

Tuberculosis (BCG) ..... ☐ Yes ☐ No Polio ..... ☐ Yes ☐ No

Whooping Cough (Pertussis) ..... ☐ Yes ☐ No Chicken Pox (Varicella) ..... ☐ Yes ☐ No

Tetanus ..... ☐ Yes ☐ No Date of last Tetanus Injection .....

Medication required at school must be left with the Nurse or Matron at the Health Centre.

The above medical or health information is requested in order to provide the Health Centre, College and Hostel Staff with appropriate medical knowledge relating to the student. It will not be used for any other purpose. If the College is unable to make contact with those named as caregivers or as emergency contacts in an emergency, the College will seek appropriate medical assistance.

You are requested to sign this form giving permission, in case of an emergency, for this information to be passed on to a Doctor, Hospital or emergency staff. It also indicates your acceptance of the responsibility to reimburse the College for reasonable costs incurred.

If, in a medical emergency, the Health Centre or attending staff deem it necessary to call an ambulance to transfer the student to a medical facility, you will be responsible for the cost of the ambulance.

Signed (Parent/Guardian 1): ..... **Date:** .....

Signed (Parent/Guardian 2): ..... **Date:** .....

Please return this form with your Application Forms

Office use only:

Form checked by R/N: ☐ Yes Date: ..... Vaccine Certificate received: ☐ Yes Date: .....