**MEDICAL INFORMATION**

Student’s full name: ……………………………………………………... DoB: …………………………………………..

NHI Number: …………………………… Dentist contact details: …………………………………………………………

 Doctor contact details: …………………………………………………………

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| --- |
| **Has your child ever suffered from?** |
| Hepatitis A,B,C | Yes / No | Diagnosed migraines | Yes / No | Chronic nosebleed | Yes / No |
| Past head injury | Yes / No | ADHD / Autism | Yes / No | Asthma | Yes / No |
| Concussion | Yes / No | Depression | Yes / No | Epilepsy | Yes / No |
| Rheumatic Fever | Yes / No | Travel sickness | Yes / No | Diabetes  | Yes / No |
| Glandular Fever | Yes / No | Heart condition | Yes / No | Endometriosis  | Yes / No |
| Hearing / sight loss | Yes / No | Allergies: | Food  | Y / N | Medication | Y / N |  Insect Bites | Y / N |
| Medication or Action required: |
| Comments: |
| In the case of illness, accident or emergency, I give permission for the registered school nurse at Rodney College to administer non-prescribed medications when deemed necessary such as: |
| Paracetamol | Yes / No | Ibuprofen | Yes / No |
| Antihistamines | Yes / No |  |
| 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 cost incurred. | Yes / No |
| **Vaccination Record** | Yes | No | Don’t Know |
| 6wks | RV / DTap-IPV-HebB / Hib / PCV |  |  |  |
| 3mths | RV / DTap-IPV-HebB / Hib / PCV |  |  |  |
| 5mths | RV / DTap-IPV-HebB / Hib / PCV |  |  |  |
| 15mths | Hib / MMR / PCV / VV |  |  |  |
| 4yrs | DTap-IPV / MMR |  |  |  |
| 11yrs | Tdap |  |  |  |
| 12yrs | HPV x2 |  |  |  |

Please feel free to contact the school nurse with any changes / updates in medical history Ph 423 6030 ext 266

\*\* Please check with your GP if unsure or if born mid–2005 or later you can check with the NIR register or details can be found in your well child book.

**Health and Well-Being Assessment (HEaADSSS ASSESSMENT)**

A comprehensive Health and Well-Being assessment will be completed by a registered nurse during your child’s time at Rodney College, usually in Year 9. To opt out please contact the school nurse.

Parent / Guardian signature: ……………………………………………….. Date: ………………………..