MORRINSVILLE Intermediate School

Kia U Ki Te Pai Whatever You Do, Let It Be Your Best

HEALTH PROFILE & MEDICAL CONSENT

To be accompanied by the Information for Parents and Caregivers form and parental consent forms.

PLEASE COMPLETE THIS FORM AS PART OF OUR MEDICAL REGISTER AND UPDATE DETAILS WITH THE OFFICE AS NEEDED.

Name:

Medic alert number (if applicable)**:**

PLEASE TICK IF YOU HAVE ANY OF THE FOLLOWING:

Migraine	☐	Epilepsy	☐	Asthma	☐
Diabetes	☐	Travel sickness	☐	Fits of any kind	☐
Chronic nosebleeds	☐	Heart condition	☐	Dizzy spells	☐
Colour blindness	☐	ADHD	☐	Other *(please specify)*	

For overnight events

Sleepwalking	☐	Bedwetting	☐	Other *(please specify)*	.....

MEDICATION

Does your child require daily medication. Yes ☐ No ☐

If yes, please provide the following information:

Health condition/s .....

Name of medication/s .....

Dosage and time/s to be taken .....

Other treatment .....

Is a healthcare plan required and attached?
(This provides more detailed health info, contact info, and what to do in an emergency). Yes ☐ No ☐

Has your child had any major injuries (breaks or strains) or illness (e.g. glandular fever) in the last 6 months that may limit full participation in any activities? Yes ☐ No ☐

If YES, please state the injury/illness: .....

ALLERGIES

Is your child allergic to any of the following?

	Yes	No	Please specify
Prescription medication	☐	☐	
Food	☐	☐	
Insect bites/stings	☐	☐	
Other allergies	☐	☐	

What treatment is required?

When was your child's last tetanus injection?

Does your child have any special dietary requirements?

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

Is there any information the staff should know to ensure the physical and emotional safety of your child?
E.g. cultural practices, disability, anxiety, fear of heights/darkness/small spaces, pregnancy, behavioural or emotional problems

Yes ☐ No ☐

If YES, please state or attach the information:

Emergency Contact Name and Numbers

Emergency Contact

2nd Emergency Contact

See next page for agreement criteria and parent's signature.

TO BE READ AND SIGNED BY THE PARENT/CAREGIVER OF THE CHILD

(Tick)

- ☐ I agree that if a prescribed medication needs to be administered, a **Medicine Authority Form** will be completed and handed into the school office with the medication. I will ensure that prescribed medication is clearly labelled, securely fastened, and handed to the school office.
- ☐ I will inform the school as soon as possible of any changes in my child's medical or other circumstances.
- ☐ I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, considered necessary by the medical authorities present.
- ☐ Any medical costs not covered by ACC or a community service card will be paid by me.
- ☐ If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, they will be sent home at my expense.

Name	
Signature	
Phone Number	
Date	