Year Level:

Linwood College

2019 MEDICAL RECORD FORM

CONFIDENTIAL

❑ Male ❑ Female

Surname _____ First Names _____
Doctor Name _____ Phone _____

Dentist Name _____ Phone _____

Vaccinations _____

Up to date with NZ immunisation schedule ❑ Yes ❑ No

Tetanus When (last injection) _____ ❑ Never had

Please tick if your son/daughter has (or has had) any of the following complaints and give further details as necessary:

- ❑ ADHD
- ❑ Allergies
- ❑ Asthma
- ❑ Eczema
- ❑ Blackouts
- ❑ Epilepsy
- ❑ Sore Throats
- ❑ Earache
- ❑ Headaches
- ❑ Migraines
- ❑ Severe period pain
- ❑ Previous hospital visits
- ❑ Mental/Social problems
- ❑ Skin problems
- ❑ Bladder problems
- ❑ Bowel problems
- ❑ Heart problems
- ❑ Visual problems
- ❑ If you have glasses, when last tested
- ❑ Speech problems
- ❑ Appetite/ nutrition problems
- ❑ Serious Accidents
- ❑ Hepatitis
- ❑ Ongoing injuries

Is there any other health information of which we should be aware? _____

Any medication needed to be administered while at school _____

Regular medications currently used by your child

Name _____Dosage_____Frequency _____

Name _____Dosage_____Frequency _____

(Please turn over)

I/We understand and agree

- *That the school employs a registered nurse who will dispense or oversee dispensing of prescribed medicines for students when advised or requested to do so by you the Parent/Caregiver and as instructed by you and the doctor.*

- *To notify the nurse of any alteration to the giving of regular medication prescribed.*

- *That from time to time the registered nurse (or designated first aid person) may give certain medication to a student as required for headaches, earache, abdominal pain (including period pain), sprain, asthma, allergic reaction and skin wounds.*

- *That the Linwood College nurses undertake a comprehensive health assessment of all Year 9 students, and students new to Linwood College. This assessment includes eye screening, medical measurements, and a general questionnaire. The aim is to encourage good health, better learning and early detection of health issues. If you have any queries please contact the School Nurse on ph 9820 100 ext 805/873.*

If you do not agree with any of the above, please indicate clearly on this form.

Signed _____ Date _____ 20_____

(Parent/Caregiver)