



James Cook High School Student Medical Form

STUDENT DETAILS					
Legal Full Name					
Date of Birth					
NHI Number (if known)		Year Level	9	10	11 12 13

MEDICAL CONDITION	Y	N	If you ticked Yes , please explain any medication or treatment
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy/Seizures/Fits	<input type="checkbox"/>	<input type="checkbox"/>	
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	
HIV/Hepatitis A or B	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Any physical injury/condition that limits PE participation or climbing stairs etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Attention Deficit Hyperactive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Back/Neck Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding Disorders	<input type="checkbox"/>	<input type="checkbox"/>	
Eye Trouble (Vision problems)	<input type="checkbox"/>	<input type="checkbox"/>	
Glandular Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches/Migraines	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Nose Bleeds	<input type="checkbox"/>	<input type="checkbox"/>	
Skin disorders (e.g. Eczema)	<input type="checkbox"/>	<input type="checkbox"/>	
Sports Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

MEDICATION: Regular medication requiring administration at school may be left with the school nurse after the required documentation is completed. (Please see school nurse).

OUTSIDE AGENCY SUPPORT	Y	N	If you ticked Yes , please provide details
Counselling Services	<input type="checkbox"/>	<input type="checkbox"/>	
Ministry for Vulnerable Children, Oranga Tamariki	<input type="checkbox"/>	<input type="checkbox"/>	
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	
Mentoring Programmes	<input type="checkbox"/>	<input type="checkbox"/>	
Youth Justice	<input type="checkbox"/>	<input type="checkbox"/>	
Whirinaki	<input type="checkbox"/>	<input type="checkbox"/>	
Ministry of Education	<input type="checkbox"/>	<input type="checkbox"/>	

VACCINATIONS	Y	N
Has your child had their Measles, Mumps and Rubella vaccine? (please provide proof of MMR vaccine)	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had their Tetanus shot? (please provide proof of Tetanus shot)	<input type="checkbox"/>	<input type="checkbox"/>

Doctors Name: _____ Phone: 09 _____

Address: _____

I wish to enroll my child in the Ministry of Health's School Dental Service (Mobile Service at James Cook High School) **Yes / No** (Please circle)

Where appropriate the school nurse may administer non-prescription medicines i.e. Paracetamol, Ibuprofen, antihistamine, Mylanta and throat lozenges.

Students in Year 9 will undergo a health Assessment and Screening tests which will include vision and hearing. I give permission for my child to undergo Health Assessment and Screening tests the School Nurse considers necessary.

Parent/Guardian Signature

IN CASE OF ACCIDENT OR EMERGENCY

In case of an accident or emergency and the school cannot contact you, or if the accident is serious, the School Nurse may arrange for your child to be taken to your Doctor, local Medical Clinic or Accident and Emergency. I give permission for the school to make the necessary arrangements for the treatment of my child in an emergency and agree to meet any costs incurred.

Parent/Guardian Signature

Please note: The school realises that family circumstances and a student's health may change over the course of the year. It would be very much appreciated if the school is notified as soon as possible by either:

- a) a phone call to the School Nurse phone: 09 268 3950 ext. 855 or 856
- b) a phone call to the School Main Office: 09 268 3950
- c) a note to your child's Tutor Teacher

I certify that the above information, to the best of my knowledge, is true and complete:

Parent/Guardian Signature

Date

This information will remain confidential and will be treated in accordance with the Privacy Act and Health information Code.