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|  <b>Hunua School</b><br><small>Strive For Success</small> | Lockwood Road<br>Hunua, RD3<br>Papakura<br>09 292 4889 | <b>FORM 18</b><br><br><b>Student Health Profile</b> |
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## 18. Health Profile

**Student Information**

**Name:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Student email:** \_\_\_\_\_ **Student cellphone:** \_\_\_\_\_

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| <p><b>1 Please tick if your child has any of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Migraine</li> <li><input type="checkbox"/> Epilepsy</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Travel Sickness</li> <li><input type="checkbox"/> Fits of any type</li> <li><input type="checkbox"/> Chronic nose bleeds</li> <li><input type="checkbox"/> Heart Condition</li> <li><input type="checkbox"/> Dizzy Spells</li> <li><input type="checkbox"/> Colour Blindness</li> <li><input type="checkbox"/> Other – Please specify</li> </ul> <p>.....</p> <p>.....</p> <p><b>2 Medical Alert Number</b><br/>(if applicable)</p> <p>.....</p> <p>.....</p> <p><b>3 Date of last tetanus injection?</b></p> <p>...../...../.....</p> <p><b>4 Is your child currently taking medication?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – Please state ailment/s</li> </ul> <p>.....</p> <p>.....</p> <p>Name of medication/s</p> <p>.....</p> <p>.....</p> <p>Dosage &amp; time/s to be taken.....</p> <p>Other treatment.....</p> | <p><b>5 Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – Please specify</li> </ul> <p>.....</p> <p>.....</p> <p><b>6 Is your child allergic to any of the following?</b></p> <p>Prescription medication</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – Please specify</li> </ul> <p>.....</p> <p>.....</p> <p>Food</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – Please specify</li> </ul> <p>.....</p> <p>.....</p> <p>Insect bites/stings</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – Please specify</li> </ul> <p>.....</p> <p>.....</p> <p>Other allergies</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – Please specify</li> </ul> <p>.....</p> <p>.....</p> <p>Treatment required?</p> <p>.....</p> <p>.....</p> | <p><b>7 Outline any dietary requirements?</b></p> <p>.....</p> <p>.....</p> <p><b>8 What pain/flu medication may your child be given if necessary?</b></p> <p>.....</p> <p>.....</p> <p><b>9 To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – please give brief details</li> </ul> <p>.....</p> <p>.....</p> <p><b>10 Is there any other information that staff should know to ensure the physical and emotional safety of your child? Eg. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes – please give brief details</li> </ul> <p>.....</p> <p>.....</p> <p><b>Please take time to update health information with the school office if there are any changes during the year.</b></p> |
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