ALBANY JUNIOR HIGH SCHOOL

EMPOWER TO EXCEL

HEALTH INFORMATION Confidential - File in Health Centre

Please complete ALL relevant sections of form.

Student's name _____ DOB _____

Parent/Caregiver name _____

Home ph _____ Work _____Mobile _____

Does your child have any of the following health conditions? If so please tick, complete details and submit any relevant additional paperwork.

☐ ADHD
Medications_____

☐ Allergies
Please list_____
Treatment required_____

☐ Epipen.
If an Epipen has been prescribed to manage allergies please include copy of action plan.
Will Epipen be kept in students school bag or Health clinic?_____

☐ ASD/Aspergers

☐ Asthma.
Treatment regime_____
Best Peak Flow_____
If student has an Asthma Management plan please include copy.

☐ Coeliac disease

☐ Developmental Disability.
Details_____

☐ Diabetes
Medication and testing regime_____
_____
Please include copy of Diabetes action plan.

☐ Epilepsy
Type of seizures_____
Medications_____
Action plan_____
_____

☐ Hearing impairment
Details_____

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☐ Heart Conditions
Details_____

☐ Immunocompromised
Details_____

☐ Kidney conditions
Details_____

☐ Mental Health conditions
Details_____

☐ Visual impairment
Details_____

☐ Other: any other condition that staff should be aware of to ensure safety.
_____

***Please note: if you require the School Nurse to administer regular medication please contact her on 415 5473 ext 607.**

GP and Dental details

Is your child enrolled in the School Dental Programme? YES NO

GP Name_____ Dental Practice Name _____

Address _____ Address _____

Phone _____ Phone _____

Parent/Caregiver Permission

- I consent to my son/daughter receiving Panadol and/or Ibuprofen YES NO
- I consent to my son/daughter receiving Antihistamine YES NO
- I give permission to disclose this information to appropriate staff YES NO
- In event of an emergency I consent to any incurred costs (ie Ambulance) YES NO

Immunisations

Yes No

☐ ☐ Is your child fully immunised to date?

☐ ☐ Is your child non immunised?

☐ ☐ Is your child partially immunised?
If so which immunisations have **not** been given_____

_____

_____

Parent/Caregivers Full name _____

Signature/s _____

Email _____

Date _____ Entered on Kamar _____