MEDICAL INFORMATION

Student's full name: DoB:

NHI Number: Dentist contact details:

Doctor contact details:

	ever suffered	from?									
Hepatitis A,B,C	Yes	/ No Dia	Diagnosed migraines		Yes / No		Chronic nosebleed		Yes / No		
Past head injury	/ Yes	/ No ADI	ADHD / Autism		Yes / No		Asthma		Yes / No		
Concussion	Yes	/ No Dep	Depression		Yes / No		Epilepsy		Yes / No		
Rheumatic Feve	er Yes	/No Tra	Travel sickness		Yes / No		Diabetes		Yes / No		
Glandular Fever	r Yes	/ No Hea	Heart condition		Yes / No		Endometriosis			Yes / No	
Hearing / sight lo	oss Yes	/ No Alle	ergies: Fo	bod \	Y / N	Me	dication	Y / N	Insect	Bites	Y / N
Comments:											
							ered scho	ool nurse at	Rodney	College	to
administer non-p			en deemed n		ry such		ered scho	ool nurse at		College s / No	to
In the case of illr administer non-p Paracetamol Antihistamines		lications whe	No Ib	ecessai	ry such		ered scho	ool nurse at			to
administer non-p Paracetamol Antihistamines For the nurse or	prescribed med	lications whe Yes / I Yes / I Ke my child to	No Ib No Do Accident a	ecessar uprofen nd Eme	ry such	as: or a d			Ye		to
administer non-p Paracetamol Antihistamines For the nurse or parent or guardia	prescribed med	lications whe Yes / I Yes / I Ke my child to	No Ib No Do Accident a	ecessar uprofen nd Eme	ry such	as: or a d			Ye	s / No	
administer non-p Paracetamol Antihistamines For the nurse or parent or guardia Vaccination Re	prescribed med	Yes / I Yes / I Yes / I ke my child to ble and agre	No Ib No Ib o Accident a se to meet ar	ecessar uprofen nd Eme	ry such	as: or a d	octor, wh	en a	Ye	s / No s / No	
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administer non-p Paracetamol Antihistamines For the nurse or parent or guardia Vaccination Re 6wks R [\] 3mths R [\] 5mths R [\] 15mths Hi	r delegate to tak ian is unreacha cord V / DTap-IPV-H V / DTap-IPV-H	Yes / I Yes / I Yes / I Ke my child to ble and agre HebB / Hib / I HebB / Hib / I HebB / Hib / I	No Ib No Ib o Accident a se to meet ar PCV PCV	ecessar uprofen nd Eme	ry such	as: or a d	octor, wh	en a	Ye	s / No s / No	
administer non-p Paracetamol Antihistamines For the nurse or parent or guardia Vaccination Re 6wks R ^V 3mths R ^V 5mths R ^V 15mths Hi 4yrs D	r delegate to tak an is unreacha cord V / DTap-IPV-H V / DTap-IPV-H V / DTap-IPV-H	Yes / I Yes / I Yes / I Ke my child to ble and agre HebB / Hib / I HebB / Hib / I HebB / Hib / I	No Ib No Ib o Accident a se to meet ar PCV PCV	ecessar uprofen nd Eme	ry such	as: or a d	octor, wh	en a	Ye	s / No s / No	

Please feel free to contact the school nurse with any changes / updates in medical history Ph 423 6030 ext 266

** Please check with your GP if unsure or if born mid–2005 or later you can check with the NIR register or details can be found in your well child book.

Health and Well-Being Assessment (HEaADSSS ASSESSMENT)

A comprehensive Health and Well-Being assessment will be completed by a registered nurse during your child's time at Rodney College, usually in Year 9. To opt out please contact the school nurse.

I understand that by enrolling in school, I am also enrolling in the student health clinic. All student's personal details will be stored in the patient management system (PMS) called MedTech. The PMS MedTech is managed by Te Puna Manawa Healthwest. No details will be shared without the consent of the student unless there are safety concerns. Healthcare professionals involved with the student will access medical records stored in MedTech. Your notes may also be accessed for quality and auditing purposes.

Parent / Guardian signature: Date: