



WHANGAPARAOA COLLEGE

Learner Health Record

This information is requested to assist us to care for your child in case of illness or emergency. Please complete as fully as possible. If you have any queries, please contact our school nurse, Karen Thomas – Tel. 424 9177 ext 235.

Learner Details

Learner's Full Name:	D.O.B:
Doctor's Name / Phone:	Dentist's Name / Phone:

Medical Information

Condition	Tick if Yes	Details incl. medication and/or treatment
ADHD / ADD / Asperger's		
Asthma		
Diabetes		
Epilepsy / seizures		
Heart Condition		
Headache / Migraine		
Hearing Loss		
Mental Health Condition		
Musculoskeletal Problems		
Previous Head Injury		
Skin Condition		
Vision Loss		
Other		

Allergies

Allergy	Tick if Yes	Details incl. medication and/or treatment
Bee / Wasp Sting		
Food		
Hayfever		
Medication		
Other		

Immunisation

Immunisation	Tick if Yes	Date Received
Hepatitis B		
Hib		
HPV		
Measles / Mumps / Rubella (MMR)		
Meningococcal B (MenZB)		
Tetanus		
Whooping Cough / Polio / Diphtheria		
Other		

Consent to Medication / Information

Medication	Initial for consent
Paracetamol – for relief of pain and fever	
Ibuprofen - for pain relief and fever	
Anti-histamine – for hayfever and other allergic reactions	
Your child will be offered access to free dental and immunisation programmes. For this to happen and to assist with administration, the school will provide basic information such as child's name, DOB, contact details and ethnicity to the school dental service & WDHB Public Health Service. If you consent to this, the dental and immunisation teams will communicate with you directly.	

I give permission for the above medication / information to be given as appropriate:

Parent / Caregiver Name: _____

Parent / Caregiver Signature: _____ Date: _____