



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, Alexis Purvis – Tel. 424 9177 ext 235.

Learner Details

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

Immunisation: Please include Proof of Immunisation records to date.

(e.g. Plunket book or print out from your G.P.)

Medical Information

Condition	Tick if Yes	Details incl. medication and/or treatment <i>(If Yes please provide documentation).</i>
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		

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 has access to free dental and immunisation programmes. 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.

You can choose to consent or not to consent

If you consent to this, the dental and immunisation teams will communicate with you directly prior to any treatment.

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

Parent / Caregiver Name: _____

Parent / Caregiver Signature: _____ Date: _____

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