



Whakatāne High School - Student Medical Information

Student Name: _____

DOB: _____ Doctor: _____ Dentist: _____

Do you consent for the school to administer Ibuprofen/paracetamol to your child should they request it?

Yes / No If yes, how many: **1 or 2 (please circle)**

Which option best describes your child's immunisation status:

Fully Vaccinated Partially Vaccinated Unvaccinated Unknown

My child has completed the HPV (Gardasil) Vaccinations: Yes / No / Unsure

Does your child have any medical conditions, for example: *Asthma, Diabetes, Autism, Epilepsy, Rheumatic Fever, Migraines, Nose Bleeds, Visual Impairment, Hearing Impairment, Heart Condition, Attention Deficiency, Physically Disability, Back/Neck Problems, Hepatitis A/B/HIV.*

Please list _____

If your child takes any medication for any medical conditions, please fill out the **Medication Consent form**.

SORE THROATS IN SCHOOL

As part of the Rheumatic Fever Preventative Programme, your child will be offered a free throat swab if they have a sore throat. Rheumatic Fever starts with a sore throat and is caused by the Streptococcus germ. Free antibiotic treatment can be given by the Registered Nurse (school nurse) after getting consent from parents/caregivers. If you **DO NOT** give consent, please indicate below.

I **DO NOT consent for my child to have a throat swab at school.**

HEeADSSs ASSESSMENT

Adolescence is a time of growth and development and can be challenging for some.

All Year groups may be invited to take part in a psychosocial assessment. This may be face to face with the school nurse, who will also conduct physical health checks, or through an online screening tool.

A HEeADSSs Assessment is a well-established screening tool to assess youth risk and vulnerability. Questions asked, cover a range of areas such as: **Home, school, eating, alcohol and drug use, mental health, sexual health and identity, as well as safety.**

Any health risks identified will have the appropriate support offered to students and family.

If you wish to **OPT OUT** of your child having this assessment, please indicate below.

I **DO NOT consent for my child to have a HEeADSSs assessment at school.**

A copy of the HEeADSSs Assessment is available on our website.

Please make sure your contact details are kept up to date to minimize problems with contacting caregivers. In an accident or emergency situation where the school cannot contact you or any authorised persons listed in the school, delegates may arrange for your child to be taken to receive Emergency Services.

Please indicate the school has your permission to make necessary arrangements for the treatment of your child in an emergency and that you will meet any costs incurred.

If your child presents with any Covid-19-like symptoms, please keep them home from school until they are well.

Parent/Caregiver signature: _____ Date: ____/____/____