



## Student's Health Record

PLEASE COMPLETE THE FOLLOWING IN BLOCK CAPITALS.

Date form completed: ..... Student Year Level: .....

### Family Information

Student's Surname: (Block capitals) ..... Date of Birth: .....

Christian (First) Name(s): (In full, underline name commonly used) .....

### Medical Information

Doctor's Name: ..... Surgery Phone No: .....

Surgery Name: .....

Does your son have any of the following medical conditions – if yes please provide an up to date management plan:

ADHD  Yes  No Medication:.....

Epilepsy  Yes  No Medication:.....

Diabetes  Yes  No Medication:.....

Rheumatic Fever  Yes  No Medication:.....

Depression or other Mental Health issues  Yes  No Medication:.....

**Cardiac Issues:**  Yes  No Medication:.....

Please advise nature of condition: .....

**Asthma:**  Yes  Mild  Moderate  Severe  No

Medication: Daily: ..... As required: .....

**PLEASE** ensure your son has an inhaler with him during Camp to treat any acute attack.

Has your son ever suffered from:

Chicken pox .....  Yes  No Glandular Fever .....  Yes  No

Hay fever .....  Yes  No Hepatitis B .....  Yes  No

HIV .....  Yes  No Impetigo (school sores) .....  Yes  No

Mumps .....  Yes  No Tuberculosis (TB) .....  Yes  No

#### Allergic Reactions:

Does your son suffer with allergic reactions (please tick).....  Stings  Medication  Food

If YES, please name: 1. The **allergen(s)** .....

2. The **reaction** (i.e. rash, anaphylaxis) .....

Does your son carry an EPIPEN? .....  Yes  No

Does your son suffer from any **disability** or **condition** not already discussed (migraine, arthritis, hearing, vision etc.)?

Yes (please state further details)  No Details: .....

.....



Please state any **surgeries** your son has undergone (i.e. appendectomy, tonsilectomy, etc.): .....

.....

Has he previously suffered from a **serious concussion**?  Yes  No

If yes please provide details: .....

.....

**Medication:** Does he take any medication(s) on a regular basis not previously stated?  Yes  No

Please list medication(s) .....

## Treatment

Are you agreeable to your son receiving any of the following medications if considered necessary by the designated First Aid camp staff member? If 'Yes' is not indicated, the Camp staff are **not permitted** to administer medication.

Paracetamol.....  Yes  No     Antihistamine.....  Yes  No

Ibuprofen (anti-inflammatory).....  Yes  No     Cough mixture.....  Yes  No

Natural Remedy anti-nausea (ginger tablets).....  Yes  No

## Vaccinations

**Has your son been immunised against:**

Haemophilus Influenza (Hib) .....  Yes  No     Hepatitis B .....  Yes  No

Measles .....  Yes  No     Mumps .....  Yes  No

Diphtheria .....  Yes  No     Pneumococcal .....  Yes  No

Polio .....  Yes  No     Rotavirus .....  Yes  No

Rubella .....  Yes  No     Tuberculosis .....  Yes  No

Varicella (chicken pox) .....  Yes  No     Whooping Cough.....  Yes  No

Tetanus .....  Yes  No     Please advise the date of the last Tetanus Injection .....

### SPECIAL MEDICATION SHOULD BE LEFT WITH THE DEDICATED FIRST AID CAMP STAFF MEMBER

The above information is requested in order to provide the College with appropriate medical knowledge relating to your child and the means to make contact, if necessary. It will not be used for any other purpose. If the College is unable to make contact with those named on whatever form it is collected on in an emergency, the College will seek appropriate medical assistance.

You are requested to sign this form giving permission, in case of an emergency, for this information to be passed on to a Doctor or hospital, for the College to seek medical advice and also indicating your acceptance of the responsibility to reimburse the College for reasonable costs incurred.

If in an emergency, and it is deemed necessary to call an ambulance to transfer your son to a medical facility, you will be responsible for the cost of the ambulance.

Signed (Parent/Guardian): ..... Date: .....

## Emergency Contact

In the event of a medical emergency, please provide a contact details:

Name: ..... Phone Number: .....