

Puahue School

Health Profile for _____

For all Education Outside the Classroom activities while enrolled at Puahue School

This form will be held on file for your child and will cover all Education Outside the Classroom activities. The parent/caregiver may make changes to this form. Each time you complete a permission slip for your child to attend an Education Outside the Classroom activity there will be an opportunity for you to confirm or update your child's health profile. All questions on this form relate to the child named above.

Name of person completing this form _____

Please state relationship to the child _____

Please tick if any of the following apply:

Epilepsy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>
Fits of any type	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Colour blindness	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	Chronic nose bleeds			<input type="checkbox"/>	Other	<input type="checkbox"/>
Other Details _____							

For overnight events: Sleepwalking ☐ Bedwetting ☐

Current medication? (Please circle) Yes No If YES, please give details below.

Ailment/s: _____

Name/s of medication: _____

Dosage and time/s to be taken: _____

Other treatment: _____

Any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities. (Please circle) YES NO

If YES please state injury/illness: _____

Allergic to any of the following?

Prescription medicine	Yes / No	Details: _____
Food	Yes / No	Details: _____
Insect bites/stings	Yes / No	Details: _____
Other allergies	Yes / No	Details: _____
What treatment is required for any of the above: _____		

Is your child fully immunised? Yes/No If no please state what immunisation received as at today's date. _____

Please outline any special dietary requirements (ie foods that your child is allergic to or not permitted):

Do we have permission to give Pamol (or other pain relief) to your child if required? Yes / No

Do we need to take any medication with us on any EOTC activity? Yes/No If Yes, please give details: _____

To the best of your knowledge has the child been in contact with any infectious diseases in the past 4 weeks? Please circle YES / NO

If YES please give details: _____

Is there any other information we should know about to assist us in ensuring the physical and emotional well-being of the child. (eg cultural practices, disability, anxiety about heights/darkness/small spaces, behaviour or emotional problems). Please circle YES NO
If YES please state or attach information: _____

- ☐ I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labeled, securely fastened and handed to the designated adult with a completed medical consent form.
- ☐ I will inform the school as soon as possible of any changes in the medical or any other circumstances between now and the commencement of the change.
- ☐ I agree to the child receiving any emergency medical, dental or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.
- ☐ Any medical costs not covered by ACC or a community service card will be paid for by me.
- ☐ If the child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.

My name: _____ Date: _____

My signature: _____

To be read and signed by parent/caregiver of child named at the top of this form.

This form, or a copy of this form, must be taken on the event. This form, or a copy of this form, should be retained by the school contact.

This form will remain on file at the school for the students while enrolled at Puahue School. It is the parent/caregivers responsibility to update it as required.