MOUNT ROSKILL
GRAMMAR SCHOOL

STUDENT HEALTH RECORD

APPLICANT'S DETAILS

Legal Surname:	Date of Birth: / /
Given Names:	Gender: Male / Female / Other
Preferred Name (known as):	

HEALTH INFORMATION – for School Nurse

Doctors Name and Phone Number: ____

I wish to enrol my child in the onsite School Dental Programme. (Please √) Yes ☐ No ☐

Please note: If you wish to **remove** your child from the school dental programme at any time, please inform the school in writing.

Vaccinations: Please provide a copy of the child's vaccination history.

MEDICAL CONDITIONS: Please √ all that apply

Asthma ☐ Mild ☐ Moderate ☐ Severe ☐

Allergy ☐ Mild ☐ Moderate ☐ Severe ☐

Diabetes ☐

Epilepsy ☐ Any Relevant Details ....

Heart Condition ☐ ....

Rheumatic Fever ☐ ....

Any other medical conditions

Past Major Head Injury ☐

Disability ☐

Emotional/Behaviour problems ☐

Anxieties ☐

Cultural Practices ☐

Details ....

....

Physical Education restrictions / details ....

Will your child require medication at school? Yes ☐ No ☐ Current Medication ....

....

Please provide a copy of recent doctors letters if available if your child has an ongoing medical condition as listed above.

If my child needs it, I give permission for the school nurse to give my child: (Please √)

- Panadol / Mylanta / Throat Lozenge Yes ☐ No ☐
- Ibuprofen Yes ☐ No ☐
- Antihistamine Yes ☐ No ☐
- Ventolin if required Yes ☐ No ☐

The nurses carry out an assessment (HEADSSS) which includes vision and hearing tests, and discussions on physical and emotional wellbeing on all Year 9 students and any other new students enrolling at the school. Please contact the nurses for further information If required. If you do not wish your child to have these assessments please notify the school nurses in writing.

I give permission for my child to receive health care and treatment at the school based health clinic.

This can include Doctor and Physiotherapist visits on site.

I consent for my child to be taken to a medical facility or clinic if deemed necessary.

I agree to meet any costs incurred.

Parent's Signature: ....