

STUDENT HEALTH FORM
(To be completed for all new enrolments)

If your child has any serious health concerns that may result in an emergency we suggest that you arrange a time with the Year Level Dean and the School Nurse so that a Care Plan can be developed.

The information that you provide acts as a safeguard for your child, yourself and the school. Please provide detailed information. If you have any queries please contact Mrs Cecile Ellery (ext. 754) or the School Nurse, Vivienne East (ext. 717).

Student Name: _____ **Age:** _____

Does your child have any health concerns? E.g. asthma, allergies, anxiety, depression

How do these concerns present in your child? E.g. trouble breathing, raised voice

List any prescription medications your child takes. E.g. Ventolin, anti-anxiety medication

Does your child need to take any medication during school hours?

YES NO

If YES what is the name of the drug(s)?

Will your child be carrying the drug or will it be left in Sick Bay?

With Child

Sick Bay

Is your child receiving any form of specialist health care? E.g. physiotherapy, paediatric hospital services or counselling

Medication Administration Permission

I give permission for an authorised FAHS - Feilding High School staff member to administer the following medication for _____ (student's name).

Name of Medication	Dose to be given (amount)	Frequency (how often)

Special circumstances / instructions relating to administration of medication.

- If a medical emergency or accident occurs and medical care / treatment is required, I / we authorise FAHS - Feilding High School to seek medical assistance from the family GP and / or call an ambulance. I / We agree to pay for any costs incurred.
- I / We will keep school updated on student's relevant and significant health and medical changes if and when they occur.

Parent(s) / Caregiver(s)

Name(s): _____ Signature(s): _____

Date: _____

Please return this form with the rest of the "Application for Enrolment" information.