

Student Information and Health History

(to be completed by the Parent or Guardian)

Child's Name _____ Applying for Grade _____
 Child's Date of Birth (DD/MM/YYYY) ___/___/_____
 Matriculation No. _____

Parent 1/Guardian 1 Name _____ **Parent 2/Guardian 2 Name** _____
 Date of Birth (DD/MM/YYYY) ___/___/_____
 Matriculation No. _____

Does your child take any medication? Yes No
 Type _____ Time & Quantity _____

Is the child currently under medical care? Yes No If yes, please specify _____

Does your child routinely take medication? Yes No If yes, please specify for what condition: _____

Is there any restriction on physical activity Yes No If yes, please specify _____

Date of last audiometric screening ___/___/_____ and result: _____

Date of last dental visit: ___/___/_____

Does your child wear glasses: Yes No Contact lenses: Yes No

Your child's colour vision is Normal Abnormal (please explain) _____

My child suffers from or has suffered from any of the following conditions / illnesses:

	Yes	No	If yes, please elaborate (dates, hospitalization, any related information)
Allergies			
Asthma			
Cardiac disease			
Congenital problems			
Dental Problems			
Diabetes			
Ear Problems			
Hearing problems			
Emotional problems			
Eating Disorder			
Epilepsy / Seizures			
Gastrointestinal Problems			
Headaches			
Menstrual problems			
Orthopaedic problems			
Respiratory illness			
Skin trouble			
Urinary tract problems			
Serious accidents			
Hospitalisations			
Operations			
Measles			
Rubella			
Mumps			
Scarlet Fever			
Tonsillectomy			
Adenoidectomy			
Other			



Authorisations

I hereby authorize the school nurse or delegated member of the school staff to administer basic First Aid or Emergency medical treatment to my child should it be required.

I authorize the school nurse to administer the following to my child [please check box (es)]:

- Antiseptic spray/cream for first aid
- Throat lozenges
- Dose appropriate non-aspirin pain reliever/fever reducer (e.g. Paracetamol/Tylenol)

Declarations

I understand that I, as parent/guardian, am fully responsible for the information provided above being accurate and correct to the best of my knowledge.

Date _____ Signature of parent _____

Please attach a copy of the child’s immunization history.