

CONFIDENTIAL SCHOOL HEALTH RECORD	School: _____
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Please fill in this form and return it to school as soon as possible.

This information is for the school Public Health Nurse and will be kept with your child's school record.

Child's Family Name		Please tick the box most appropriate for your child
First Names		
Date of Birth	NHI	
Address		
Phone		
Name of Parent/Guardian		
Family Doctor		
		N.Z. Maori <input type="checkbox"/>
		N.Z. European <input type="checkbox"/>
		Pacific Island <input type="checkbox"/>
		Asian <input type="checkbox"/>
		Other:

Please circle any of these which are a concern to your child:

- | | | | | | |
|------------------|---------|-----------------|-------------------------|---------------|--------|
| Behaviour | Hearing | Runny Ears | Eyes, Eyesight | Seizures/fits | Asthma |
| Soiling/ Wetting | Weight | Speech/Language | Nutrition/Eating Habits | Eczema | |

Any other problems:

Allergies:

Severe Reactions/Anaphylaxis:

Current Illness/Disability:

Long Term Medication: Name: Dose:
 (Please indicate if to be taken at school) Name: Dose:
 Name: Dose:

PUBLIC HEALTH NURSE

The Public Health Nurse visits all schools and is available to assist you with any health concerns. This is a free service.

Public Health Nurse for your School is:

Has your child had a B4 School check?  Yes No

Did your child pass the B4 School Vision & Hearing Check? Yes No

VISION & HEARING CHECKS

- All children tested are given results of the tests to take home.
- If your child wears glasses or hearing aids he/she will not be tested.

We require your consent to do these vision and hearing tests.

Yes No

I consent to my child's vision (eyes) being tested		
I consent to my child's hearing (ears) being tested		
Does your child have grommets?		
Is your child under care with a Doctor or Specialist for their eyes*		
Is your child under care with a Doctor or Specialist for their ears*		

* Please give details:

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Signature: _____	Date: _____
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IMMUNISATION CERTIFICATES

- Please show your child's Immunisation Certificate to School Staff.
 - Certificates are obtained from your Doctor free-of-charge.
- If you would like information regarding immunisations, contact your Doctor or Public Health Nurse.

Office use Only

Date: _____
 Sighted: _____
 Signature: _____

