

PAKURANGA COLLEGE

INTERNATIONAL FEE-PAYING STUDENT'S HEALTH RECORD



Could you please complete the following in **BLOCK CAPITALS**.

Student's Surname First Names

OVERSEAS EMERGENCY CONTACT

Name Relationship to student

Telephone numbers (daytime):

Home: Work: Mobile:

Does your son/daughter have, or has he/she ever suffered from:	Please delete one	Details/Medication required at present
Asthma?	YES/NO (In the event of an asthma emergency, where your child does not have his/her medication with him/her, please sign your permission below allowing our emergency Ventolin inhaler to be used.) YES/NO Signature
Epilepsy?	YES/NO	If YES, when was the last seizure?
Diabetes?	YES/NO	
Insulin Dependent?	YES/NO	
Rheumatic Fever?	YES/NO	
Blood-borne viruses? (eg. Hepatitis, HIV)	YES/NO	
Glandular Fever?	YES/NO	
Tuberculosis?	YES/NO	
ADD, ADHD, Aspergers, Other?	YES/NO	Please state which.
Allergic reaction to stings	YES/NO	Local Reaction (red swollen skin) <input type="checkbox"/> Severe <input type="checkbox"/> Medication required <input type="checkbox"/>
Allergic reaction to medication	YES/NO	Which medication? Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Medication required <input type="checkbox"/>
Allergic reaction to food	YES/NO	Which food? Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Medication required <input type="checkbox"/>
Any other allergic reaction	YES/NO Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Medication required <input type="checkbox"/>
Does your student carry an EPI pen?	YES/NO	
Does your student wear glasses/ contact lens/hearing aid?	YES/NO	Please state which.
Does he/she suffer from any other medical condition or disability?	YES/NO	Please state condition or disability:
Does he/she take, on a regular basis, any medication not previously stated?	YES/NO	Please list medication:
Has your student had a Tetanus vaccination course?	YES/NO	
Has your student had a Tuberculosis (BCG) vaccination course?	YES/NO	
Permission for Panadol to be given?		YES/NO Signature

