

HEALTH RECORD FORM



Surname/Family Name: _____ First/Other names: _____

Date of Birth: _____ Sex: _____ CPR Number: _____

Email Address: _____ Father's Mobile: _____

Mother's Mobile: _____ Home Number: _____

Please complete the following, giving details where necessary:

Is your child **allergic** to any medicine, food or product? (for example, penicillin, peanuts)

Is your child taking any **regular medication or under regular medical treatment**? (for example, insulin, ritalin, anti-epileptic medication, inhalers etc)

Does your child have any **specific health, behavioural or emotional issues**?

Does your child have any **hearing/hearing related problems**? (for example, grommets)

Does your child have any problems with **eyesight or wear glasses**?

Has your child had any of the following childhood illnesses or required treatment for:
(if yes, please give a brief history)

Condition	Yes/No	History
Asthma / hay fever	Yes/No	
Chicken pox	Yes/No	
Diabetes	Yes/No	
Eczema	Yes/No	
Epilepsy	Yes/No	
Febrile Convulsions	Yes/No	
G6PD (Glucose 6 Phosphate Dehydrogenase Enzyme Deficiency)	Yes/No	
Haemophilia	Yes/No	
Hepatitis	Yes/No	

Hospitalisation – has your child ever spent time in Hospital?	Yes/No	
Measles	Yes/No	
Mumps	Yes/No	
German Measles / Rubella	Yes/No	
Persistent Headaches	Yes/No	
Sickle Cell Anaemia	Yes/No	
Other	Yes/No	

Please attach a photocopy of your child's immunisation record.

Parent / Guardian Name: **Signature:**.....

Date:



CONSENT FORM

I **DO** consent to my child being given the following medication in school if necessary:

- Calpol Syrup - Under 6 years (Paracetamol suspension)
- Calpol 6 Plus Syrup - 6 years and over (Paracetamol suspension)
- Ibuprofen (Brufen) Syrup
- Paracetamol (Panadol) tablet

Parent / Guardian signature _____

Date _____

Further Information:

1. Please inform the school nurse as soon as possible if your child has been given any medication before coming to school.
2. If your child is taking a prescribed course of tablets or medicine and has to take it during school hours, please bring it to the nurse's office first thing in the morning. It can be collected from the nurse at the end of the school day. Please write clearly your child's name, class, time and dosage of medication. No medication is to be kept in school bags/cubby holes.
3. Please notify the school nurse immediately should your child contract any communicable diseases or should there be any change in their overall health. This helps us to ensure that the health of your child and the school as a community is optimized.
4. It is extremely important to keep the school updated if there is any change in your contact details. Also, please inform the nurse if both parents are leaving the country whilst your children are still in school, ensuring that the school has the current contact details of a nominated emergency contact.