



STUDENT HEALTH / MEDICAL INFORMATION

STUDENT INFORMATION

Family Name Religious Affiliation.....
 Given Names..... Date of Birth.....
 Nationality (*country of birth*)

PARENTS INFORMATION

Mother

Title: Family Name:
 Given Names:.....
 Home phone:.....
 Mobile phone:.....
 E-mail address:

 Emergency Contact Number:

Father

Title:..... Family Name:
 Given Names:
 Mobile phone.....
 E-mail address:

 Emergency Contact Number:

Physical Address:.....

STUDENT MEDICAL HISTORY

Has your daughter suffered from any of the following: (*Please indicate all with either 'Yes' or 'No'*)

Glandular Fever	Yes or No	Diabetes	Yes or No
German Measles	Yes or No	Epilepsy	Yes or No
Pneumonia	Yes or No	Hayfever	Yes or No
Whooping Cough	Yes or No	Asthma (<i>state Medication below</i>)	Yes or No
English Measles	Yes or No	Bad headaches (<i>e.g. migraines</i>)	Yes or No
Mumps	Yes or No	Dietary problems (<i>Please state below</i>)	Yes or No
Chicken Pox	Yes or No	Operations	Yes or No
Emotional problems (<i>e.g. depression</i>)	Yes or No	Serious injuries	Yes or No
Allergies (<i>please state below</i>)	Yes or No	Regular medications (<i>Please state below</i>)	Yes or No

If you have answered 'Yes' to any of the above please write details below:

VACCINATIONS

Anti-tetanus immunisation	Date: / /	MMR vaccination (measles/mumps/rubella)	Date: / /
Hepatitis B vaccination	Date: / /	Polio vaccination	Date: / /
Meningococcal vaccination	Date: / /		

MEDICATIONS ADMINISTERED AT SCHOOL

Do we have permission to administer the following medications to your daughter if needed? *Please circle your choice below*

Medication type:

Panadol	Yes	No	Phone parent first
Ibuprofen	Yes	No	Phone parent first
Antihistamines	Yes	No	Phone parent first

School Doctor for Boarders and International Students: **Dr Mary McSherry**
9 Victoria Street
Timaru

Ph: 03 688 9095
Fax: 03 688 4062

NOTES FOR PARENTS / LEGAL GUARDIANS / CAREGIVERS:

- o All students treated by Dr McSherry are charged at one student rate.
- o Tetanus Immunisation: We recommend all students be fully immunised before entering the Boarding House.
- o If your daughter receives any medical treatment while away from under the care of the Boarding House (i.e. at home, during holidays), it would be helpful if you forwarded those details which may be relevant to her subsequent care. This particularly applies to any accident where ACC may be involved, the ACC number would need to be supplied to Dr McSherry if any ongoing care may be required.
- o If there is any further information regarding your daughter or health issues in the family that you wish to be sent directly to Dr McSherry please send to the above address. A Practice Nurse can also be contacted at the above phone number.

LIFE IN OUR BOARDING HOUSE:

Has your daughter any medical or health issues which may impact on:

- others in the communal living situation of the Boarding House? Yes / No
- performance in school? Yes / No
- participation in outdoor education activities? Yes / No

If any of these do apply, please give details on these issues including such matters as: bedwetting, sleepwalking, hearing, eyesight, physical limitations, other e.g. prescribed medicine.

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MEDICAL INSURANCE:

Do you have Medical Insurance?

Yes / No *(Please delete one)*

BOARDER PARENTS / LEGAL GUARDIANS TO COMPLETE:

I hereby give permission for the school Doctor to carry out any examinations or treatments she may deem necessary while my daughter is a boarder at Craighead Diocesan School.

I/We understand that all information provided for on this form is considered strictly confidential and will be stored in a secure place.

Signed by.....Signature.....Date.....

Signed by.....Signature.....Date.....