



## Aoraki Mount Cook School Medical Form

Child's Name	
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1. Please tick if your child has any of the following:					
Migraine		Epilepsy		Asthma	
Diabetes		Travel Sickness		Allergies	
Nose Bleeds		ADHD		Dizzy Spells	
Other (please specify)					

2. Is your child currently taking any medication? If yes, please state below:	Yes	No
Ailment:		
Name of medication:		
Dosage and time/s to be given:		
Other treatment or information:		

3. Has your child had any injuries (breaks or strains) or illness (glandular fever etc) in the last 6 months that may limit full participation in any activities?	Yes	No
If yes, please state the injury or illness		

4. Is your child allergic to any of the following?			
	Yes	No	Please specify
Prescription medication			
Food			
Insect bites/stings			
Other			
What treatment is required?			

5. Is your child immunised? Please send documentation if you haven't already.	Yes	No
6. If you ticked the box above to say that your child is asthmatic, please answer the question below.	Yes	No
Is your child able to self-medicate?		

7. What pain/cold medication may your child be given if necessary? E.g. panadol	
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8. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases within the last 4 weeks? e.g. measles	Yes	No
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9. Is there any information that the staff should know about to ensure the physical and emotional safety of you/your child? For example: cultural practices; disability; anxiety about heights, darkness, small spaces etc; behavioural or emotional challenges.	
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**Please tick the boxes**

I agree that if prescribed medication needs to be given, a designated adult will be assigned to do this. I will also ensure that the medication is clearly labelled, securely fastened, and handed to the designated adult with instructions on its administration.	
I will inform the school as soon as possible of any changes in the medical or other circumstances, e.g. change of address, phone number etc.	
I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by medical authorities should the need arise and you are uncontactable. <b>NOTE: This does NOT include vaccinations.</b>	
I agree that if the above does happen, any medical costs not covered by ACC or a community service card will be paid by me.	
If my child is involved in a serious disciplinary problem or actions that threaten the safety of others, I will be advised, and she/he may be sent home.	

<b>Signed</b>		<b>Date</b>	
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