

# STUDENT HEALTH RECORD

Student's Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

**Immunisation records and/or tests/vaccinations received over holidays (PLEASE SUPPLY A COPY OF THE ORIGINAL RECORD TO THE HEALTH OFFICE)**

## Please check health related issues

	Yes	No		Yes	No
Asthma			Vision/hearing/speech		
Bronchitis			Glasses/contact lenses/hearing aids		
Diabetes			Coordination/balance		
Epilepsy/Seizures			Restricted physical education		
Kidney/Bladder/Bowel			Heart/blood disorders		
Musculoskeletal			Allergies		
Medications			Diet restrictions		
Behavioral			Other		

**Please explain any areas checked "YES" on the reverse and advise of planned treatment requirements. For any condition which may require treatment at school e.g. asthma attacks, diabetes, allergies please contact the Health Office staff to establish planned treatment protocols. If medication is to be administered during school hours please complete authorization form.**

## MEDICATIONS

**Please indicate which medications may be administered AT SCHOOL by the Health Office staff on an "AS NEEDED" basis. A note will be sent home indicating time and dosage for any medications administered.**

Medication	Indication	Yes	No
Tylenol/Panadol/Calpol/Paracetamol	Pain/fever		
Advil/Ibuprofen/Nurofen/Motrin	Pain/fever/inflammation/menstrual relief		
Benadryl/Claritin (syrup/tablet)	Allergies/ Hay fever		
Advil Cold & Sinus (Ibuprofen & Pseudoephedrine)	Colds/nasal & sinus decongestant		
Sudanyl (Tylenol & Pseudoephedrine)	Colds/nasal & sinus decongestant		
Robitussin/Coldrex/Tussin	Cough		
Bengay ointment	Muscle/joint pain		
Throat lozenges	Coughs/sore throats		
Hydrocortisone cream/Caladryl/Calamine	Skin rash		
Imodium/Pepto-Bismol/Tums/Rennies	Stomach upset/nausea/diarrhea		
Visine/Tobrex eye drops	Allergy/ Conjunctivitis		
First Aid Antibiotic Ointment	Cuts/Abrasions		

We (parents/guardians) understand that the Health Office will share health information pertaining to this student only as needed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Indication of medications AND signature of parent/guardian is required to administer medications to your students**