Year:

2026 HEALTH INFORMATION FORM

❑ Male ❑ Female ❑ GenderDiverse ❑ Transgender M to F ❑ Transgender F to M

Surname _____ First Names _____

Date of Birth: _____ Medical Centre _____

I give permission for my child to have paracetamol or ibuprofen as required: Yes / No

Please tick ifyour child has (orhas had) anyofthe following complaints and give further details asnecessary:

❑ ADHD
❑ Autism Spectrum Disorder
❑ Asthma (daily inhalers)
❑ Impaired speech
❑ Heart issues
❑ Migraines
❑ Severe period needs
❑ Mental/Socialneeds
❑ Toileting needs
❑ Learning needs
❑ Food/eating needs
❑ Allergies
❑ Ongoing treatment for any health issue?
❑Impaired hearing
❑Impaired vision
❑Severe allergies (requires immediate attention)
❑Physical Disabilities
❑Serious Accidents
❑Fainting orseizures

Is there any other healthinformation we need to know?_____

_____

_____

If your child has any of the above complaints, can you please share any relevant medical safety plans with us to ensure we are able to appropriately respond to your child's needs.

❑ If you believe your child requires one and would like our assistance, please tick.

❑ I require a medication consent form for my child to take medication at school.

By signing this form, you give consent for:

- Year 9 students will complete a confidential youth health assessment by a Registered Nurse. Other students may also have a health assessment at school. Students are encouraged to speak with parents/caregivers about the outcome.
- School First Aiders and Nurses to provide first aid care for your child and administer any medication prescribed for your child if required.
- The school nurse may, if required, view your child's health information from the CDHB Healthconnect South and Healthone shared information databases, strictly for the purpose of providing safe informed care. All health information is kept confidential according to the Privacy Act 1993 and the Health Information Privacy Code 1994.
- Te Aratai College staff may call an ambulance in the event of an emergency. We will always endeavor to contact the listed caregivers or emergency contacts in the first instance. You give consent to us making the decision to call on emergency medical care if required.

IF YOU DISAGREE WITH ANY OF THE ABOVE PLEASE LET THE SCHOOL KNOW

Signed _____ Date _____ Office use: SY Entered ❑