## 18. Health Profile

**Student Information**

**Name: Year:**

**Address:**

**Student email: Student cellphone:**

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| --- | --- | --- |
| **1 1 Please tick if your child has any of the following:**🞎 Migraine🞎 Epilepsy🞎 Asthma🞎 Diabetes🞎 Travel Sickness🞎 Fits of any type🞎 Chronic nose bleeds🞎 Heart Condition🞎 Dizzy Spells🞎 Colour Blindness🞎 Other – Please specify………………………………….………..…….…………………………**2 Medical Alert Number** (if applicable)…………………………………….…….…….…………………………**3 Date of last tetanus injection?** …….../….…../….…..**4 Is your child currently taking medication?**🞎 No🞎 Yes – Please state ailment/s …………………………………………..…………………….……………Name of medication/s………………………………………......………………….………………Dosage & time/s to be taken…………………………………………...…………………….……………Other treatment……………………………………………………………….…………… | **5 Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?**🞎 No🞎 Yes – Please specify………………………………………………………………………………………………**6 Is your child allergic to any of the following?**Prescription medication🞎 No🞎 Yes – Please specify………………………………………………………………………………………………Food🞎 No🞎 Yes – Please specify………………………………………………………………………………………………Insect bites/stings🞎 No🞎 Yes – Please specify………………………………………………………………………………………………Other allergies🞎 No🞎 Yes – Please specify………………………………………………………………………………………………Treatment required?……………………………………………………………………………………………… | **7 Outline any dietary requirements?**……………………………………………….….……………………………………**8 What pain/flu medication may your child be given if necessary?**……………………………………………….….……………………………………**9 To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?**🞎 No🞎 Yes – please give brief details……………………………………………….….….…………………………………**10 Is there any other information that staff should know to ensure the physical and emotional safety of your child? Eg. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)**🞎 No🞎 Yes – please give brief details……………………………………………….….…………………………………… |

**Please take time to update health information with the school office if there are any changes during the year.**