DAWN INTERNATIONAL SCHOOL

CONFIDENTIAL HEALTH RECORD FORM

This form is for the purpose of ensuring the school nurse has the information necessary should your child require treatment or support at school.

Full name of child: _____ Year: _____

Father's name: _____

Mother's name: _____

Please complete the following information as fully as possible and attach a copy of the child's vaccination records.

1 Any known allergies: _____ Usual treatment: _____

2 Has your child previously suffered from any of the following?

ILLNESS	YES	NO	DATES	ILLNESS	YES	NO	DATES
Chickenpox				Asthma			
Rubella/German measles				Pneumonia			
Measles				Epilepsy			
Mumps				Febrile seizures/fits			
Malaria				Hepatitis A			

3 Does your child take any regular medication or use an inhaler? Yes/ No *(please circle answer)*

Name of medication or inhaler: _____

4 Has your child received hospital emergency treatment or in-patient treatment in the last 2 years? If so, name the cause and place of treatment.

_____

5 Does your child have any congenital conditions e.g. conditions present since birth and identified by a doctor?

_____

6 Has your child reacted badly to any medicines or treatment *(including everyday items such as plasters or dettol)*? If so, please list the items below:

_____

7 Has your child had any seizures, febrile convulsions or loss of consciousness in the past 1 year? Please circle: Yes/no

8 Family doctor or clinic _____

Location: _____ Telephone: _____

9 Permission for emergency treatment: I _____ (parent name)

give my consent to the school to give emergency treatment to stabilize my child in cases of accident or injury.

Signed: _____ Date: _____

Please return this form to the school with your admission form. Thank you.

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