

THE GRAMMAR SCHOOL AND GRAMMAR JUNIOR SCHOOL

ENTRANCE HEALTH FORM AND MEDICAL HISTORY

The school's policy requires that your child is immunized and receives a comprehensive physical examination before entering our school. **The parent/guardian should complete Part I & Part III. The medical doctor should complete and sign Part II.**

THE FORM SHOULD BE COMPLETED AND RETURNED BY ORIENTATION DAY (4-5 September 2013)

Part I – Health Information Form

Student's Name: _____ Current Class: _____ Reg. No: _____

Name & Tel No. for Emergency Contact : _____ Relation to student _____

Family Doctor's Name & Tel No: _____ Blood Group (if known) _____

Check the box provided if your child has or has had any of the following conditions giving an explanation and the medication prescribed for it.

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, drugs, bees)			Hearing problems		
Allergies (seasonal)			Heart problems		
Asthma			Muscle problems		
Attention-Deficit/Hyperactivity Disorder			Spinal problems		
Bladder problem			Surgery		
Diabetes			Vision problems		
Epilepsy - Seizures			OTHER		

Part II – Immunization

Your child should have the following immunizations by the age of 4-6 years old and must repeat Td at the age of 14-16

Vaccination	Date of last dose	Date of next dose	Vaccination	Date of last dose	Date of next dose
Diphtheria			Measles		
Tetanus			Mumps		
Pertussis			Rubella		
Polio			Hepatitis B		
Haemophilus Influenza type B			Meningococcal C		
Pneumonococcal			Varicella (chicken pox)		
Other			Other		

Doctor's name: _____ Signature: _____ Date: _____

Part III – Other health-related information

Detail any other **important** health-related information about your child (for example hospitalization, special health aids, crutches, etc.) _____

List all prescription, over-the counter and herbal medication your child takes regularly or when needed. _____

Check here if you object to the administration of analgesic such as Paracetamol (Panadol) by the school nurse. Yes ____ No ____

Check here if you want to discuss confidential information with the School Nurse, the Counsellor or any other school authority. Yes ____ No ____

If there have been restrictions or exemptions imposed on your child for medical reasons for the **PE class** please check here, explaining and **providing us with the Doctor's certificate** Yes ____ No ____ Reason: _____ Doctor's note: _____

If your child is already participating in sports please make sure he/she has completed all the necessary medical examinations and has a **valid Health Card**.

If your child has been assessed as having a learning disorder such as Dyslexia, Dysgraphia or Attention Deficit please contact our Counsellor.

IN CASE OF AN EMERGENCY THE SCHOOL WILL TAKE THE STUDENT TO THE GENERAL HOSPITAL IF THE PARENTS/GUARDIANS ARE NOT AVAILABLE.

If you object to this, state the clinic of your preference: _____

Thank you for your cooperation

Ellie Arbelias

School nurse

I certify that the above information is true and accurate.

Signature of parent/guardian completing this form _____ Date: _____