

HUTT VALLEY HIGH SCHOOL - HEALTH INFORMATION

Student: _____ Form Class: _____

HEALTH FORM *To be completed by the caregiver*

1. Does the student have any conditions or concerns that the school needs to be aware of? Circle one

YES NO

Details _____

2. Does the student suffer from any allergy(ies)? **YES NO**

If yes, please specify: _____

3. Does the student have to take any medication? **YES NO**

If yes, please specify: _____

It will be assumed that the student will be carrying all the appropriate medication and is competent in its administration.

4. Would the student be limited, in any way, in taking part in physical activities? **YES NO**

If yes, please specify: _____

5. Is the student a competent swimmer? **YES NO**

6. I give permission for panadol to be given for pain or fever **YES NO**

7. Details of the student's Medical Practitioner:

Doctor's name: _____

Medical Practice name: _____

Contact number: _____

Signed _____ Date _____

Thank you for your assistance. Please return completed form to the School Office