



## STUDENT HEALTH / MEDICAL INFORMATION

<b>◆ STUDENT INFORMATION</b>		Date of Birth _____
Family Name _____	Nationality ( <i>country where student was born</i> ) _____	
First Names _____		
<b>◆ MOTHER</b>		
Family Name: _____	Home phone: _____	fax: _____
Title: Mrs/Miss/Ms/Dr First Names: _____	Cell Phone number _____	
Physical Address _____	E-mail address: _____	
_____	Work phone: _____	fax: _____
_____	Occupation: _____	
Does the daughter live with the mother?      Yes / No	Workplace: _____	
Is the mother a legal guardian?                      Yes / No	_____	
Does the mother have access rights?              Yes / No		
<b>◆ FATHER</b>		
Family Name: _____	Home phone _____	fax _____
Title: Mr/Dr First Names: _____	Cell Phone number _____	
Physical Address ( <i>if different from above</i> ) _____	E-mail address: _____	
_____	Work phone: _____	fax: _____
_____	Occupation : _____	
Does the daughter live with the father?              Yes / No	Workplace: _____	
Is the father a legal guardian?                      Yes / No	_____	
Does the father have access rights?              Yes / No		
<b>◆ OTHER CAREGIVER/HOMESTAY (<i>if this section is appropriate to your family please complete</i>)</b>		
Family Name: _____	Home phone: _____	fax: _____
Title: Mr/Mrs/Miss/Ms/Dr First Names: _____	Work phone: _____	
Physical Address ( <i>if different from Student address</i> ) _____	Cell Phone number: _____	
_____	E-mail address: _____	
_____ Post Code _____	Occupation: _____	
Relationship: ( <i>eg Stepmother/Stepfather</i> ) _____	Workplace: _____	
Does the student live with the caregiver              Yes / No	_____	
Is the caregiver a legal guardian?                      Yes / No		
Does the caregiver have access rights?              Yes / No		
<b>◆ EMERGENCY PHONE CONTACT (<i>other than parent</i>)</b>		
Give name: _____	Home Phone _____	
Relationship to Student _____	Cell Phone number _____	
	Work Phone _____	
<b>◆ 2<sup>nd</sup> EMERGENCY PHONE CONTACT (<i>other than parent</i>)</b>		
Give name: _____	Home Phone _____	
Relationship to Student _____	Cell Phone number _____	
	Work Phone _____	

## STUDENT MEDICAL HISTORY

♦ **HAS YOUR DAUGHTER SUFFERED FROM ANY OF THE FOLLOWING:** (Please indicate all with either 'Yes' or 'No')

	Yes or No		Yes or No
Glandular Fever		Diabetes	
German Measles		Epilepsy	
Pneumonia		Hayfever	
Whooping Cough		Asthma (state Medication below)	
English Measles		Bad headaches (e.g. migraines)	
Mumps		Dietary problems (Please state below)	
Chicken Pox		Operations	
Emotional problems (e.g. depression)		Serious injuries	
Allergies (please state below)		Regular medications (Please state below)	

If you have answered 'Yes' to any of the above please write details below:

♦ **VACCINATIONS**

	Date		Date
Anti-tetanus immunisation		MMR vaccination (measles/mumps/rubella)	
Hepatitis B vaccination		Polio vaccination	
Meningococcal vaccination			

♦ **FAMILY MEDICAL / HEALTH PRACTITIONERS:**

<p><b>Family Doctor:</b> Name and address:</p> <p>_____</p> <p>_____</p> <p>Phone _____</p>	<p><b>Dental Care:</b> Have arrangements been made? If so, give name and address of dentist:</p> <p>_____</p> <p>_____</p>
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♦ **MEDICAL INSURANCE:**

Do you have Medical Insurance?                      Yes / No (Please delete one)

♦ **DAYGIRL PARENTS / LEGAL GUARDIANS TO COMPLETE:**

I/We authorise the obtaining on our behalf of any medical assistance that is required by our daughter, if, in the opinion of the staff members, such treatment is necessary, and agree to cover any costs incurred.

I/We understand that all information provided for on these forms is considered strictly confidential and will be stored in a secure place.

**Signed by**..... **Signature**.....

**Signed by**..... **Signature**.....

**BOARDERS MEDICAL INFORMATION**

♦ **DOCTOR FOR BOARDERS:**

**Dr Mary McSherry  
12 Elizabeth Street  
Timaru**

**Ph: 03 688 9095  
Fax: 03 688 3010**

♦ **NOTES FOR PARENTS / LEGAL GUARDIANS / CAREGIVERS:**

- All students treated by Dr McSherry are charged at one student rate.
- Community Services Card: If you daughter requires medical treatment outside of normal surgery hours whilst under the care of the Boarding House, it would be advisable for your daughter to be able to supply her card to qualify for lower medical costs. A photocopy of the card would be taken and kept on file.
- Tetanus Immunisation: We recommend all students be fully immunised before entering the Boarding House.
- If your daughter receives any medical treatment while away from under the care of the Boarding House (i.e. at home, during holidays), it would be helpful if you forwarded those details which may be relevant to her subsequent care. This particularly applies to any accident where ACC may be involved, the ACC number would need to be supplied to Dr McSherry if any ongoing care may be required.
- If there is any further information regarding your daughter or health issues in the family that you wish to be sent directly to Dr McSherry please send to the above address. A Practice Nurse can also be contacted at the above phone number.

♦ **LIFE IN OUR BOARDING HOUSE**

Has your daughter any problems which could affect:

- (a) life in the Boarding House?
- (b) performance in school?
- (c) participation in outdoor education activities?

Yes / No
Yes / No
Yes / No

If any of these do apply, please give details on such matters as: bedwetting, sleepwalking, migraine headaches, hearing, eyesight, physical limitations, other e.g. prescribed medicine.

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♦ **BOARDER PARENTS / LEGAL GUARDIANS TO COMPLETE:**

I hereby give permission for the school Doctor to carry out any examinations or treatments she may deem necessary while my daughter ..... is a boarder at Craighead Diocesan School for Girls.

I/We understand that all information provided for on this form is considered strictly confidential and will be stored in a secure place.

*Signed by*..... *Signature*.....

*Signed by*..... *Signature*.....