



Te Kura o Puhinui  
Warkworth School



# HEALTH PROFILE & MEDICAL CONSENT

To be accompanied by the Information for Parents and Caregivers form and parental consent forms.

**ONE FORM MUST BE COMPLETED FOR EACH PARTICIPANT.  
THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT, AND A COPY RETAINED BY THE SCHOOL CONTACT.**

**Name:** \_\_\_\_\_

**Medic alert number** (if applicable): \_\_\_\_\_

**PLEASE TICK IF YOU HAVE ANY OF THE FOLLOWING:**

- |   |  |   |
|---|--|---|
| Migraine <input type="checkbox"/>           | Epilepsy <input type="checkbox"/>        | Asthma <input type="checkbox"/>           |
| Diabetes <input type="checkbox"/>           | Travel sickness <input type="checkbox"/> | Fits of any kind <input type="checkbox"/> |
| Chronic nosebleeds <input type="checkbox"/> | Heart condition <input type="checkbox"/> | Dizzy spells <input type="checkbox"/>     |
| Colour blindness <input type="checkbox"/>   | ADHD <input type="checkbox"/>            | Other<br><i>(please specify)</i> _____    |

**For overnight events**

- |                                       |                                     |  |
|---------------------------------------|-------------------------------------|--|
| Sleepwalking <input type="checkbox"/> | Bedwetting <input type="checkbox"/> | Other<br><i>(please specify)</i> _____ |
|---------------------------------------|-------------------------------------|--|

**MEDICATION**

Are you/your child currently taking any medication?    Yes                       No

**If yes, please provide the following information:**

Health condition/s	_____
Name of medication/s	_____
Dosage and time/s to be taken	_____
Other treatment	_____

**Is a healthcare plan required?**  
(This provides more detailed health info, contact info, and what to do in an emergency).                      Yes                       No

**Have you had any major injuries (breaks or strains) or illness (e.g. glandular fever) in the last 6 months that may limit full participation in any activities?**                      Yes                       No

**If YES, please state the injury/illness:** \_\_\_\_\_

---

## ALLERGIES

Are you/your child allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	
Food	<input type="checkbox"/>	<input type="checkbox"/>	
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	
What treatment is required?			

When was your /your child's last tetanus injection?

Do you/your child have any special dietary requirements?

What pain/flu medication may your child be given if necessary?

---

To the best of your knowledge, have you/your child been in contact with any contagious or infectious diseases in the last 4 weeks?

Yes  No

If YES, please provide brief details:

---

Is there any information the staff should know to ensure the physical and emotional safety of you/your child?

E.g. cultural practices, disability, anxiety, fear of heights/darkness/small spaces, pregnancy, behavioural or emotional problems

Yes  No

If YES, please state or attach the information:

*See next page for agreement criteria and volunteer/parent's signature.*

---

**TO BE READ AND SIGNED BY THE ADULT VOLUNTEER**

(Tick)

- I agree that if a prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened, and handed to the designated adult with instructions on its administration.
  
- I will inform the school as soon as possible of any changes in my/my child's medical or other circumstances between now and the commencement of the event.
  
- I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, considered necessary by the medical authorities present.
  
- Any medical costs not covered by ACC or a community service card will be paid by me.
  
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, they will be sent home at my expense.

**Name**

**Signature**

**Date**
