

Health Concerns

Here are some common health problems in children. If they are a problem for your child, please tick in the box(es)

Allergies	Heart Condition
Asthma or Wheeze	Speech/Language
Behaviour Problems	Developmental Problems
Clumsiness	Eating Difficulties
Dental/Teeth	Poor Growth
Diabetes	Weight Problems
Hearing Problems	Seizures/Fits
Ear Ache/Runny Ears	Wetting
Eyes or Eyesight	Soiling
Frequent Coughs & Colds	Other
Skin Rashes/Sores/Eczema	

Are there any health concerns that you would like support with?

Is your child on medication? Yes No

If YES, please state name of medication: _____

Is your child under the care of a doctor/paediatrician/specialist?

Name of specialist: _____

Reason: _____

Comments: _____

The Public Health Nurse
for your school is:



WELL CHILD SERVICE HAUORA TAMARIKI

The Health of Your Child

Te Ora o to Tamaiti

This form requests your consent for the Child Health team consisting of Public Health Nurses, Vision/Hearing Technicians and the Ear Nurse, to carry out free checks and offer health support as required.

Your consent will also allow the results of the checks to be used:

- For sending information about your child to a new school if your child moves school.
- To assist other health professionals in the team who may be working with your child (i.e. Kaitakawaenga, Support Workers)



At all times your child will be treated with respect and dignity by trained staff.



School			
Child's Name	1 st Name	Surname	
Address			
Date of Birth		Doctor's Name	
Parents/Guardians Names			
Telephone Home & Work	Home	Work	Mobile
Ethnicity	NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Pacific Island <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>		

"Each child is Special and Unique"

B4 SCHOOL CHECK

	Yes	No
Has your child completed a B4 school check?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child completed the vision and hearing part of the B4 school check?		
Yes <input type="checkbox"/> where? _____ No <input type="checkbox"/> still to be checked		
Comments _____		

CONSENT

I _____ (Full name of adult) consent to the following checks being carried out on my child at school:

	Yes	No
General health checks (on request from parents or teachers) by the Public Health Nurse.	<input type="checkbox"/>	<input type="checkbox"/>
Distance Vision check	<input type="checkbox"/>	<input type="checkbox"/>
Hearing (audiometry) check	<input type="checkbox"/>	<input type="checkbox"/>
Ear Check	<input type="checkbox"/>	<input type="checkbox"/>
Middle Ear function (glue ear check / tympanometry) by the Vision and Hearing Technician and Ear Nurse.	<input type="checkbox"/>	<input type="checkbox"/>

You will be contacted if there are any concerns regarding your child's health.

Signed: _____ Date: _____
(Parent / Guardian)

Immunisation

Is your child up to date with immunisations?
Yes No

- If no or not sure, please contact your doctor or Practice Nurse.

All childhood immunisations are free in New Zealand
Kāore he utu mo ngā rongoā ārainga mate

It is a requirement that you show your child's immunisation certificate to the school office staff (sample shown) when your child enrolls at school.

This is in the Well Child book, or available from your doctor or Practice Nurse.

Immunisation Certificate

This certificate is requested by the Health Department and requires that you take it to the person who is in charge of an early childhood centre, following the enrolment of your child.

Child's name: _____
Date of birth: _____

Get this certificate when you enrol your child at an early childhood centre. The person in charge of the centre will give you a copy of this certificate to take to the Health Department.

Immunisation Status

Is your child up to date with immunisations?
Yes No

Healthcare provider's name: _____
Address: _____
Phone: _____

Healthcare provider's signature: _____

Healthcare provider's name: _____
Address: _____
Phone: _____

Healthcare provider's signature: _____