

## 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:

Kelly Douglas  
Public Health Nurse  
Ph 06 834 1815



## CHILD HEALTH PROGRAMME

# The Health of Your Child

## Ko tō te tamaiti Oranga

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 Te ingoa o te Kura			
Child's Name Te ingoa o te tamaiti	1 <sup>st</sup> Name Tōna ingoa tuatahi	Surname Tōna ingoa whānau	
Address Tōna ake noho kainga			
Date of Birth Tōna Rā-whānau		Doctor's Name Tōna ake tākuta	
Parents/Guardians Names Ōna ake mātua, kaitiaki rānei			
Telephone Home & Work Tātai waea	Home Kainga	Work mahi	Mobile Waea pūkoro
Ethnicity Tōna ake tino rangatiratanga	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"  
"He iti pounamu te mokopuna"

## B4 SCHOOL CHECK

	<b>Yes</b>	<b>No</b>
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:

	<b>Yes</b>	<b>No</b>
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  Not sure

- 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.

