

**STUDENT SUPPORT CONSENT FORM – Please complete both sides of the form**

**STUDENT'S DETAILS**

STUDENT'S NAME: .....

STUDENT'S HOME ADDRESS: .....

STUDENT'S HOME PHONE NUMBER: .....

STUDENT'S DATE OF BIRTH: .....

**If you would like a copy of this form translated into Samoan or Tongan please ask at the School office.**

**ANY SPECIAL NEEDS**

Please describe any health or learning difficulties your daughter has, to enable us to better meet these special needs.

.....  
.....

DOES YOUR DAUGHTER CURRENTLY RECEIVE ANY SPECIAL LEARNING ASSISTANCE?

YES                       NO

If yes, please explain e.g. ORS Funding, ACC, Teacher Aide etc.

.....  
.....

**EYESIGHT AND HEARING**

DOES YOUR DAUGHTER REQUIRE, OR HAS SHE IN THE PAST REQUIRED GLASSES?

YES                       NO

HAS YOUR DAUGHTER EVER BEEN ASSESSED FOR HEARING DIFFICULTIES AT A HOSPITAL?

YES                       NO

**MEDICAL INFORMATION**

DOES THE STUDENT SUFFER FROM, OR HAS SHE IN THE PAST SUFFERED FROM:

Heart Disease                       Diabetes

Rheumatic Fever                       Asthma

Migraine                       Weight Problems

Epilepsy

Allergies

Please state type of allergy: .....

**STUDENT'S DOCTOR**

DOCTOR: ..... PHONE: .....

DOCTOR'S ADDRESS: .....

**DENTAL TREATMENT**

Do you wish to Register your daughter with the Mighty Mouth Mobile Dental Clinic that visits McAuley High School?

YES  NO

**IMMUNISATION**

Has your daughter received childhood immunisations?

YES  NO

**FAMILY HISTORY**

If you give your consent (See below), it would be useful for us to know of any risk factors that may influence your daughter's health. Please tick the following boxes if a **FAMILY MEMBER** has any of these illnesses.

Information to be provided by the parents

Diabetes	<input type="checkbox"/>	Weight Problems	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Meningococcal Disease	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	Breast Cancer	<input type="checkbox"/>

**CONSENT FORM**

I/We, the undersigned, give consent to the following:

1. For my daughter to have access to the range of services provided by the staff of the Student Health Centre i.e. Nurse, Guidance Counsellor, Social Worker. I understand that these people will provide a range of health and guidance services. Following discussions with the nurse it may be necessary to administer medication e.g. paracetamol, and I give my consent to this.
2. For my daughter to be taken by car for urgent dental treatment with the Mighty Mouth Dental Service.
3. For my daughter to be taken to an Emergency Medical Service in the event of an accident or emergency when the school cannot contact me. I agree to meet any costs incurred for this.
4. For my daughter, if a Year 9 student, to be interviewed by the School Nurse to establish any health needs that may affect her learning. This information will be confidential.

This discussion covers:

- visits to a GP
- health factors relating to home, school and friends
- interests outside of school
- education and advice on drugs, alcohol and sexual health

Signed Parent/Guardian.....

Please delete any sections which you do not wish to consent to. The School nurse may contact you to discuss this decision.