McAuley High School
STUDENT SUPPORT CONSENT FORM

STUDENT DETAILS

Name: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____

SPECIAL NEEDS

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

_____

_____

HAS YOUR DAUGHTER RECEIVED ANY SPECIAL LEARNING ASSISTANCE? **Yes / No**

If yes, please list e.g. ORS Funding, ACC, Teacher Assistant, RTLB

_____

HAS YOUR DAUGHTER RECEIVED ANY EXTERNAL SUPPORT? **Yes / No**

If yes, please list, e.g. OT, Whirinaki, Kari, Social Worker, Psychologist, 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? **Yes / No**

MEDICAL INFORMATION

Does your daughter suffer from, or has she in the past suffered from:

Heart Condition		Diabetes		Dizzy spells			
Rheumatic Fever		Asthma		Anxiety			
Migraine		Travel sickness		Allergies		If yes, state below	
Epilepsy		Nose bleeds					

Please state allergies: _____

Please state any dietary requirements (e.g. vegan): _____

STUDENT'S DOCTOR

DOCTOR: _____ PHONE: _____

MEDICAL CENTRE: _____

DENTAL TREATMENT

Do you wish to register your daughter with the dental provider that visits the school? **Yes / No**

IMMUNISATION

Has your daughter received childhood immunisations? **Yes / No**

Proof of Immunity provided, (Immunisation Certificate or Well Child/Plunket Block) **Yes / No**

CONSENT

I/we 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 and Guidance Centre, i.e. Nurse, Guidance Counsellor, Social Worker, Psychologist, Physiotherapist.
   I understand that these people will provide a range of health and guidance services. **Yes / No**

2. 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. **Yes / No**

3. For my Year 9 daughter 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 and wellbeing factors relating to home, school and friends
   - interests outside of school
   - education and advice on drugs, alcohol and sexual health. **Yes / No**

4. I give consent for my daughter to be given:

   Paracetamol **Yes / No** Antihistamine **Yes / No** Ibuprofen **Yes / No**

If you give your consent to any of the items above 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.

Diabetes		Tuberculosis		Heart Disease	
Meningococcal Disease		Epilepsy		Rheumatic Fever	
Asthma		Breast Cancer		Mental Illness	

*** The School nurse may contact you to discuss any decisions you may not consent to.**

Signed _____

Date _____