

# EOTC Ākonga Health Profile



## Privacy Statement

The personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 2020. You have the right under that Act to access and seek correction of the information from the school.

## Ākonga Information

Ākonga Name	Ākonga Current School Year
Address	
Caregiver Email Address	Caregiver Mobile Phone
Ākonga Email Address:	Ākonga Mobile Phone

## Health Information

<p>Please tick if your child has any of the following:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Migraine</li><li><input type="checkbox"/> Epilepsy</li><li><input type="checkbox"/> Asthma</li><li><input type="checkbox"/> Diabetes</li><li><input type="checkbox"/> Travel Sickness</li><li><input type="checkbox"/> Seizures of any type</li><li><input type="checkbox"/> Chronic nose bleeds</li><li><input type="checkbox"/> Heart Condition</li><li><input type="checkbox"/> Dizzy Spells</li><li><input type="checkbox"/> Colour Blindness</li><li><input type="checkbox"/> Neurodiversity</li></ul>	<p>Please enter your child's <b>Medical Alert Number</b> or any other health concerns you have related to this event</p>
<p>Is your child currently taking medication? <input type="radio"/> No <input type="radio"/> Yes <b>Please describe Medication, Dosage and times to be taken</b></p>	<p>Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that limit full participation in any activities? <input type="radio"/> No <input type="radio"/> Yes <b>Please describe injury and limitations</b></p>

<p>Is your child allergic or intolerant to any of the following?  <b>Medication</b> <input type="radio"/> No <input type="radio"/> Yes   <b>Food</b> <input type="radio"/> No <input type="radio"/> Yes   <b>Insect bites/stings</b> <input type="radio"/> No <input type="radio"/> Yes  <b>Please specify allergies and treatment</b></p>	<p>Does your child have any specific dietary requirements? <input type="radio"/> No <input type="radio"/> Yes  <b>Please describe dietary requirements</b></p>
<p>What pain/flu medication may you be given if necessary?  <input type="radio"/> Paracetamol <input type="radio"/> Antihistamine <input type="radio"/> Other (Please state)</p>	<p>To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, including Covid, in the last four weeks? <input type="radio"/> No <input type="radio"/> Yes  <b>Please give details</b></p>
<p>Is there any other information that staff should know to ensure your child's physical and emotional safety? (E.g. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional support required) <input type="radio"/> No <input type="radio"/> Yes  <b>Please give details</b></p>	

**Please take time to update health information with the school office if there are any changes during the year.**

<p>Caregiver Signature</p>	<p>Date</p>
<p>Full Name of Caregiver</p>	