Our School

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

Please tick if your child has any of the following: ☐ Migraine ☐ Epilepsy ☐ Asthma ☐ Diabetes ☐ Travel Sickness ☐ Seizures of any type ☐ Chronic nose bleeds ☐ Heart Condition ☐ Dizzy Spells ☐ Colour Blindness ☐ Neurodiversity	Please enter your child's **Medical Alert Number** or any other health concerns you have related to this event

Is your child currently taking medication? ○ **No** ○ **Yes** **Please describe Medication, Dosage and times to be taken**	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? ○ **No** ○ **Yes** **Please describe injury and limitations**
Is your child allergic or intolerant to any of the following? **Medication** ○ **No** ○ **Yes |Food** ○ **No** ○ **Yes|Insect bites/stings** ○ **No** ○ **Yes** **Please specify allergies and treatment**	Does your child have any specific dietary requirements? ○ **No** ○ **Yes** **Please describe dietary requirement**s
What pain/flu medication may you be given if necessary? ○ **Paracetamol** ○ **Antihistamine** ○ **Other (Please state)**	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? ○ **No** ○ **Yes** **Please give details**
Is there any other information that staff should know to ensure your child's physical and emotional safety? (E.g. cultural practices, gender specific needs, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional support required) ○ **No** ○ **Yes** **Please give details**	

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

Caregiver Signature	Date
Full Name of Caregiver	