

## HEALTH INFORMATION FOR ENROLMENT 2025

To help us care for the student in an illness/emergency, please answer the following questions. The school nurse will keep this information confidential, however it may be necessary to inform relevant staff of a medical condition. If the student is on any medication, eg, antihistamines for bee stings/allergies, Imigran for migraines, etc, a health consent form (available from the school office) is to be completed and the labeled medication needs to be provided to the school nurse.

Doctor's name:		Medical centre:	
Doctor's phone:		Student's NHI number:	

Please indicate severity of condition as follows: <b>Mild = M</b> <b>Moderate = O</b> <b>Severe = S</b>					
Asthma <input type="checkbox"/>	Poor vision <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Food allergy <input type="checkbox"/>	Rheumatic fever <input type="checkbox"/>	Mental health & behavioural <input type="checkbox"/>
Heart condition <input type="checkbox"/>	Poor hearing <input type="checkbox"/>	Migraines/headaches <input type="checkbox"/>	Medication allergy <input type="checkbox"/>	Hepatitis <input type="checkbox"/>	Past illness or operations <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Other sensory impairment <input type="checkbox"/>	Back/neck problems <input type="checkbox"/>	Bee/wasp allergy <input type="checkbox"/>	HIV <input type="checkbox"/>	Neurodevelopmental eg. autism, ADHD, dyslexia <input type="checkbox"/>

Please include copies of any immunisation records (eg. plunket book, my covid record or GP records)

Other allergies (specify):

Regular prescription medications:

Comments:

### PARENTAL/CAREGIVER CONSENT TO TREATMENT:

1. If, in the case of an accident or emergency, the school cannot contact you (or if the accident is serious) it may be necessary for the school nurse to transport the student to an accident and medical centre or call an ambulance.
2. If your child becomes ill at school, the nurse will assess them and give treatment if appropriate.

Please indicate if you give permission for the nurse to administer (tick box):

Paracetamol / Panadol	YES	NO
Ibuprofen / Nurofen	YES	NO
Antacids / Mylanta	YES	NO
Antihistamines / Loraclear	YES	NO
Throat lozenges	YES	NO
Emergency medical care	YES	NO

3. At certain times of the year we are able to provide free dental services on site at school, for your child.

I agree to my child/ward enrolling to receive free dental care including X-rays as required at school and agree to the school sharing caregiver phone and email contact details with the dental provider, for this purpose.    YES    NO

4. Please see attached guidelines for other information (Rheumatic fever)

Signature of parent / caregiver A:

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature of parent / caregiver B:

\_\_\_\_\_

Date:

\_\_\_\_\_

## SUBJECT CHOICES FOR ENROLMENT IN 2025

<b>YEAR 9 STUDENTS:</b>	All students study the following subjects: <b>art, English, health, mathematics, financial literacy, music, physical education, social studies and science.</b>		
Students are given the choice of two technology options from <b>hard materials technology, textiles, design &amp; visual communications (graphics), food technology, digital technology.</b>			
1st choice	2nd choice	3rd choice (if 1st or 2nd unavailable)	
Students are also able to choose from these languages: <b>Te Reo Māori, Hindi, Japanese, Gagana Samoa ,French</b>			
1st choice	2nd choice (if 1st unavailable)		
<b>YEAR 10 STUDENTS:</b>	Choose any three: <b>Gagana Samoa, Te Reo Māori, Japanese, Hindi, accounting, commerce, enterprise, economics, textiles, food, hard materials, digital technology, graphics, art, art digital, music, dance, drama, performing arts, health.</b>		
1st choice	2nd choice	3rd choice	
<b>YEAR 11-13 STUDENTS:</b>	<b>Refer to the Senior Curriculum Guide for senior option information.</b>		
Courses:	Subjects studied at last school:	Year / Level	
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		

## SIGNATURES AND CONSENT FOR ENROLMENT 2025

### Acceptance of School Principals and Guidelines, Student User Agreement for ICT and Parent / Guardian / Caregiver Declaration / Publication Waiver / Consent for Treatment

1. I have read the School Principles and Guidelines and agree to abide by them. I agree to support the school values and regulations as determined by the board of trustees.

2. The personal information we collect is for school purposes (progress, achievement and administration) only.

The information will be used in accordance with the statutory requirements of the Privacy Act 2020. You have the right under this act to access and seek correction of the information from the school at any time.

On occasion specific information relating to the health & wellbeing, progress and achievement of a student may need to be shared with other organisations (eg: moving to a new school, engaging with RTLB services, etc) to support their learning, behaviour, wellbeing and progress. We also seek permission to gather information about your child's progress, achievement and pastoral care needs from their previous school. You agree to

- sharing of information with other organisations, as appropriate, to advance the achievement progress of my child / ward
- Papatoetoe High School having permission to access progress, achievement and pastoral care information from the school my child / ward currently attends
- Images of my child or their work to be used for school publications (magazine) and social media platforms

3. Cyber safety – agree to appropriate Internet use.

Signature of parent / caregiver A: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent / caregiver B: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_