



## HCS CONFIDENTIAL HEALTH FORM

Please note that the information provided is not used to screen the student for enrolment but rather to best enable us to support the transition of your child to Hamilton Christian School

PERSONAL DETAILS	
Name	
Doctor	
Dentist	

MEDICAL CONDITIONS
Please list any medical conditions that your child currently suffers from or has previously suffered from, (e.g. cancer, hearing or vision problems, fainting, migraines, travel sickness, etc.). Provide further details.

MENTAL WELLNESS CONSIDERATIONS AND DIAGNOSES	
Has your child suffered from any of the following?	
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Bipolar
<input type="checkbox"/> Panic attacks	<input type="checkbox"/> Eating disorder
<input type="checkbox"/> OCD	<input type="checkbox"/> PTSD
<input type="checkbox"/> Depression	<input type="checkbox"/> Self-harm
<input type="checkbox"/> Other:	
Any treatment received and by whom?	

## ACTION CARE PLAN

If your child has asthma, allergic reactions, epilepsy, anaphylaxis or diabetes, please attach a copy of his/her action/care plan if applicable.

## LEARNING SUPPORT

Please tick any intervention or formal diagnosis for the following:

	Attention Deficit/Hyperactivity (ADD/ADHD)		Autism Spectrum Disorder
	Child/Adolescent Mental Health Services		Child Development Center Referral (CDC)
	Educational Psychologist		Counselling
	RTLB		

Other specific learning disorder? ***(Please attach any specialist report.)***

Do you have any specific educational concerns that HCS needs to know about to be able to best support your child?

*I/we understand that Hamilton Christian School reserves the right to cancel this enrolment if it is found that any information has been withheld or falsely given. Should you decide to continue with this enrolment, the effective date for this enrolment form will be set as at the date of the corrected information being received.*

\_\_\_\_\_  
Signed: Mother / Guardian

\_\_\_\_\_  
Signed: Father / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date