



MANUREWA INTERMEDIATE SCHOOL

'Adventurous risk takers; persistent focussed achievement'

22nd July 2024

Dear Parents/Caregivers of prospective students

RE: 2025 Manurewa Intermediate School Enrolments

Next year your child will attend intermediate and this pack holds a lot of information that is very important and relevant to the process of enrolling and what it is we have to offer your child. I encourage you to go through the pack and get your child's enrolment underway as soon as possible. In this pack you will find the following:

- The School Prospectus
- General Information Booklet
- Official School Enrolment Form and other forms to **complete and return**: Student Profile Sheet (*your child completes and returns with enrolment form*), Student Health Record; Cyber Safety Use Agreement; Iosis Social Workers In Schools Consent Form; Mana Health Clinic; Dental Permission.
- The following individual inserts: 2025 Enrolment Timeline (which details all relevant information regarding the in-zone and out-of-zone enrolment processes); Uniform Standards Information Sheet (and Uniform Fliers from the stockists), MI Whānau Day invitation flier

Please complete and sign the green coloured A3 sized Enrolment Form, Student Profile Sheet, Student Health Record and Cyber Safety use agreement and send or drop off at Manurewa Intermediate School (76 Russell Road, Manurewa) or return it to your child's primary school (if in zone) and we can collect it.

We welcome visits to our school at any time, over and above the set induction dates, so please feel free to do so. You are also more than welcome to meet with myself or any other leadership staff. So once again, please feel free to do this by contacting our school office (09 266 8268) or emailing me (iain@manurewaint.school.nz) to make an appointment.

Thank you in advance for your cooperation in helping us with our 2024 enrolment process. The more organised we all are the more effective our 2025 organisation for our students will be! The tear off enrolment acceptance flier will be mailed to you once enrolment is confirmed.

Yours sincerely

Iain Taylor
Principal



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2025 Enrolment and Transition Timeline

We hope the following information is as clear as possible for all parents/caregivers. If you have any questions about anything around enrolment please phone 266 8268 (ext. 3087) to speak with Ross Devereux, Associate Principal: Operations or email him on Rossd@manurewaint.school.nz

TERM 3

Week 1

- Monday 22nd July

Enrolments open for 2025. The process is the same for both in-zone and out-of-zone applicants until the ballot stage for the out-of-zone applicants.

Week 2

- Monday 29th July – Thursday 1st August

Intermediate Staff and Students visit Year 6 students at Historical Contributing Schools only (Manurewa South; Manurewa West; Leabank; Homai; Rowandale; Roscommon).

Prospectus and Enrolment Packs distributed to other primary schools for out-of-zone applicants (note: Manurewa Intermediate Staff **DO NOT** visit these schools).

Week 5

- Thursday 22nd August

9.00am – 2.00pm. Contributing Schools Year 6 students and parents/caregivers to visit Manurewa Intermediate School and be involved in a rotation of activities. Children will be collected by bus courtesy of Manurewa Intermediate School and morning tea will be provided. If your school is not listed above, students/parents will need to make their own way to Manurewa Intermediate as no buses are provided to those schools.

Week 6

- Wednesday 28th August

Out-of-zone applications close.

Please have your application in before this date to be in the ballot. If you miss the ballot, there may be a second ballot if spaces are still available, but this cannot be guaranteed.

- Friday 30th August

In-zone applications to be received.

To help with our planning, as well as managing our out-of-zone applications/numbers, please make sure your enrolment forms are in on time!

Week 7

- Wednesday 4th September

Out-of-zone ballot.

Within three days after the ballot, families will be advised of an offer of place and will have 14 days to accept. If unsuccessful in ballot families will be advised of the place they have on the waiting list.

Throughout the Term

Various Facebook/Website information video updates. On our pages and the various primary schools.

TERM 4

Week 5

- Monday 11th – Friday 15th November

Manurewa Intermediate senior staff visit primary schools and meet one-on-one with teacher/DP to discuss specific issues/needs/concerns about each enrolled student from that primary school.



76 Russell Road, Manurewa, Auckland 2102
Phone: 266 8268 Email: office@manurewaint.school.nz

Enrolment Form

2025

<i>First name/s</i>	<i>Surname</i>
<i>Preferred name</i>	<i>Year (Please circle)</i> 7 8

If you would like assistance to complete this enrolment form or have any other questions around the form, please contact the Student Administrator in the office and they'll be happy to help! Ph: 266 8268 ext. 3189

The following documents MUST be included with this application:

- A copy of the student's full birth certificate
- A copy of their passport **if born outside of New Zealand** (This is a Ministry requirement).
- If student is not a New Zealand citizen, please provide relevant permits.
- Completed *Cyber Safety Use Agreement*
- Completed *Student Health Record*
- Completed *Social Workers in Schools Consent Form*
- Proof of address (Bank statement, power bill, etc.)

For office use only: Edge Date:	Previous School: _____ Documents Signed: Yes <input type="checkbox"/> Transition Profile Received: Yes <input type="checkbox"/> N/A <input type="checkbox"/> Requested Date: _____	ESOL <input type="checkbox"/> NZ Born <input type="checkbox"/> Migrant <input type="checkbox"/> Refugee <input type="checkbox"/> Not Applicable
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STUDENT DETAILS	
First Name:	Male / Female. (Please circle)
Middle Name:	Ethnicity
Surname:	1
Preferred Name:	2
	3
Date of Birth:	If Maori, Iwi
Country of Birth:	
NZ Birth Certificate / Passport (Circle one)	
If not born in NZ	Language/s spoken at home
Immigration status:	1
<input type="checkbox"/> Permanent NZ Resident	2
<input type="checkbox"/> Work permit	3
<input type="checkbox"/> Student permit	
<input type="checkbox"/> Other	
Date of expiry:	
Date of entry into NZ:	

FAMILY DETAILS	
MAIN CAREGIVER (if not mother/father please provide proof of legal guardianship)	
Relationship to Child:	
First Name:	Last Name:
Home Phone:	Work Phone:
Cell Phone:	Email Address
Physical Address:	
The Child lives at this address? YES / NO If No - Child's Address:	
SECOND CAREGIVER (if not mother/father please provide proof of legal guardianship)	
Relationship to Child:	
First Name:	Last Name:
Home Phone:	Work Phone:
Cell Phone:	Email Address
Physical Address:	

EMERGENCY CONTACTS (Person contacted when First and Second person not available)	
Relationship to Child:	Name:
Home Phone:	Mobile Phone:
MEDICAL:	
Family Doctor / Medical Centre and address:	Family Dentist:

PREVIOUS SCHOOLING			
Previous Primary / Intermediate (List most recent first)	Date Started	Date Left	Length of Attendance
1.			
2.			
3.			
4.			
OTHER FAMILY MEMBERS AT MANUREWA INTERMEDIATE NOW / PREVIOUSLY			
Name:	Relationship:	Date at MI:	

ADDITIONAL INFORMATION	
Other Information: (Including Custody/Access arrangements, Court Orders)	
Has your child ever been involved with the following support services: (please tick)	
<input type="checkbox"/>	Children's Team (<i>Oranga Tamariki</i>)
<input type="checkbox"/>	Counselling
<input type="checkbox"/>	ESOL Support
<input type="checkbox"/>	Family Support Services
<input type="checkbox"/>	ICS (In Class Support)
<input type="checkbox"/>	Oranga Tamariki
<input type="checkbox"/>	RTLB
<input type="checkbox"/>	Special Education (part of Ministry of Education)
<input type="checkbox"/>	STAND
<input type="checkbox"/>	SWiS (Social Workers in Schools)
<input type="checkbox"/>	Whirinaki

STAND DOWNS / EXCLUSIONS	
Has your child ever been stood down? Yes / No	Has your child ever been excluded? Yes / No
If yes to either of the above, please explain why:	

Please complete your name and full mailing address below:

PARENT/CAREGIVER NAME: _____

CHILD'S NAME: _____

ADDRESS: _____

WORKING EMAIL ADDRESS: _____

PARENT / CAREGIVER PERMISSION

Behaviour:

I understand that the school has a positive reinforcement behaviour programme called "MOU MAGIC" which incorporates the school's "Keys to Success" (Code of Conduct) and part of the School Wide Positive Behaviour for Learning programme. I acknowledge it is a condition of enrolment that I support the school in this programme and that I accept the consequences of any misbehaviour of my child by supporting the school in how it deals with that misbehaviour, as outlined in detail in the MOU MAGIC programme. As we have a CCTV security system, images from this may be used if a behavioural incident arises that CCTV footage can confirm, or otherwise, actions of your child. I also guarantee that my child will attend school regularly and on time.

Parent/Caregiver: _____ Student: _____ Date: _____

Collection of Data

I am aware that Manurewa Intermediate School will request information and data about my child from their primary school to assist with the transition and induction process, and also pass on to relevant future schools. Manurewa Intermediate will also use the Ministry of Education Te Rito software integrated with our own student management system to keep a record of learning and wellbeing of your child. This system includes the standardised Learning Support Register (sLSR), which contains the learning information and personal details of your child. This can be shared with other schools as appropriate and will be kept for the duration of their educational journey. If you would like to view your child's information or ensure it is correct, please see the Principal.

Parent/Caregiver: _____ Date: _____

Financial

I agree to reimburse the school for any damage my child causes through vandalism, wilful damage, negligence or theft of/ to school property. This includes the laptop they are given to use at school.

Parent/Caregiver: _____ Student: _____ Date: _____

Food Preparation:

I give permission for my child to take part in the preparation and making of food in classroom programmes.

Parent/Caregiver: _____ Date: _____

School Counsellor

The school funds a school counsellor whom your child may access, with or without your knowledge.

Parent/Caregiver: _____ Date: _____

School Uniform:

I understand that the wearing of the full and proper Manurewa Intermediate Uniform is a condition of enrolment and I will support the school by providing this uniform for my child and I will ensure my child wears this at all times.

Parent/Caregiver: _____ Student: _____ Date: _____

Use of Student Photographs; Samples of Work and Filming; and Newsletter commentary:

Images of students and/or their work are published to recognise student achievement or their learning needs, report on learning to the school and wider community, and to promote the school. Occasionally student work or photographs are used in such publicity material eg. the prospectus, Website, School Facebook page, external publications, in displays; or filming work. As well as this, named students work may be published in our monthly school newsletter, as well as the publication of their name and birth date to collectively wish them a happy birthday! This newsletter is in hard copy and digital form. I agree that Manurewa Intermediate School can use this material and that they will own those photos/footage and that they can edit and use them indefinitely in media and in school newsletters.

Parent/Caregiver: _____ Date: _____

PRIVACY ACT

The information collected by Manurewa Intermediate School at enrolment is subject to the provisions of the Privacy Act 1993. This information will be used for educational and necessary administration purposes, and for such governmental returns as the School is legally required to furnish. The furnishing of false or incomplete information may invalidate a student's enrolment at the School.

MANUREWA INTERMEDIATE SCHOOL ENROLMENT ACCEPTANCE 2025

STUDENT NAME:

Congratulations and welcome! I am excited to confirm your child's enrolment for 2025 at Manurewa Intermediate School. Please feel free to contact us if you have any questions or concerns (266 8268)

Day 1, Term 1 2025 is Monday 3rd February for ALL whanau starting with a powhiri in the Hall at 8:30am. We encourage your attendance with your child for the day, or any part of it (so if you cannot make the powhiri come whenever you can – just report in at the office). Upon arrival for the powhiri please assemble in the carpark at the main entrance.

Come along, have some fun, join in the games, have a sausage sizzle and meet your child's new teacher straight away! We look forward to meeting you then and having you join in for the day! Feel free to bring any other children with you if you need to.

SIGNED: _____

JAIN TAYLOR - PRINCIPAL

DATE: _____



MI WHĀNAU DAY



MONDAY 3 FEBRUARY 2025

8:30AM - 3:15PM



HAERE MAI! AFIO MAI!

Come along to Manurewa Intermediate and check out what we have in store for you this year.

8:30am	Pōwhiri <i>Head to classes and get to know the teacher</i>
11:05am	Interval
11:25am	In form class
1:25pm	Lunch time
1:55pm	Back to form class
2.05pm	Whānau Meetings <ul style="list-style-type: none">- Kauri: The GOAT- Kowhai: Gym- Rimu: Hall- Tawa: Oak Tree
2:30pm	School singing
3.15pm	School ends

So come along! All the family welcome. We'd love to see you here to support your child's 2024 year at Manurewa Intermediate.

All the time! Everytime! All of us! Everywhere!



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UNIFORM

UNIFORM INFORMATION 2025

2012 saw the full introduction of our new, modernised style uniform across the entire school, with a multi-purpose design that is the formal school uniform **and** physical education uniform in one. This is to eliminate the two previous separate uniform items, which became costly.

The uniform is able to be purchased from three stockists:

<u>The Warehouse Manukau</u>	<u>THE UNIFORM SHOPPE</u>	<u>NZ UNIFORMS MANUKAU</u>
Cavendish Drive, Manukau (Opening hours: 8:00am – 12:00am) <i>09-262 1187</i>	1 Ronwood Ave, Manukau (beside Krispy Kreme) (Opening hours: 8:30am – 5:00pm Mon-Fri; 9:00am – 3:00pm Sat; 10:00am – 3:00pm Sun) <i>09-267 6063</i>	5/20 Lambie Drive, Manukau (Opening hours: 9:00am – 5:00pm Mon-Fri; 9:00am – 4:00pm Sat; Closed Sun) <i>09-950 6747</i>

The complete school uniform (and no similar non-school logo shorts or skirts) is to be worn without any extras i.e. NO jewellery except for cultural or religious taonga and small stud earrings (no nose piercings and only ONE earring per ear). NO makeup or nail polish. Long hair (shoulder length and longer), for both boys and girls, is to be fully tied back with a black or maroon hair tie/scrunchie/clip for safety reasons and shoes must always be worn when in the workshop classes.

The uniform is the same for boys and girls, with girls having the option of wearing shorts OR the skirt, and boys able to wear shorts or an ie faitaga. We would encourage you to purchase at least two shirts to start with and wait until the colder weather kicks in before purchasing the jacket. Plain black jackets may be worn outside the classroom. Plain black long sleeves (not hoodies or jumpers) can be worn under the school shirt and plain black trousers/track pants during the winter terms (Term 2 and 3) can be worn.

If boys or girls choose to wear long pants in term 2 and 3 (or if girls still wear the skirt) they still need to wear the MI school shorts (for boys) or plain black shorts (for girls) for P.E and fitness.

BOYS	GIRLS
Maroon/black school shirt	Maroon/black school shirt
Black school shorts OR plain black ie faitaga	Black school skirt OR black school shorts
School jacket	School jacket
Plain black jacket for outside of the classroom only	Plain black jacket for outside of the classroom only
Long black and maroon school socks	Black ankle/mid socks
Plain black trousers (NOT jeans) in Terms 2 and 3	Black stockings in Terms 2 and 3
Black long-sleeve in Terms 2 and 3	Black long-sleeve in Terms 2 and 3
Plain black scarves, beanie and gloves can be worn outside in Terms 2 and 3	Plain black scarves, beanie and gloves can be worn outside in Terms 2 and 3
Plain-black leather shoes	Plain black leather shoes

SHOES

Correct footwear is a constant issue, so please note what the correct school shoes are and any deviation from this will not be accepted. You also need to be aware many shops try to sell you shoes that they call 'School Shoes' but they are NOT school shoes. The test to see if they are acceptable is quite simple:

- If they do not cover the full foot then they are not acceptable! (Note: girls shoes with the open part across the top of your foot, with the thin single strap across to buckle the shoe is not acceptable)
- If they have any form of label or tag on any part of the shoe the label or tag must be fully black! (Black leather airforce ones are permitted but we ask that you remove the silver tag on the laces).
- **CANVAS SHOES OF ANY KIND ARE NOT PERMITTED!**

The correct school shoes for Manurewa Intermediate are plain, black, lace-ups or slip-ons (boys and girls) as illustrated below (**NO HIGH TOPS / BOOTS**).



We insist that the children wear these shoes because:

- They cover most of the foot for protection.
- They will help not only protect feet but keep them warm and dry in winter.
- They do not have high heels which are dangerous to run and play in.

PLEASE NAME ALL ITEMS!!!

Please ensure all uniform items, including shoes and jackets, are named! This is your responsibility – if an item is lost and unnamed it is impossible to find! This will save you a lot of money in the long run as children often leave their clothing lying around and if so, and then found, the item can be returned! Thanks.

Manurewa Intermediate School Uniform





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2025 Student Profile Sheet

First Name: _____ **Last Name:** _____

For the student to fill in! Tell us as much as you can about yourself!

1. Do you have a different or shortened version of your name that you prefer?

2. What do you like about your primary school? What makes it special?

3. What are some things you think you're really good at? This could be anything like sports, math, music, dancing, drawing, writing... anything!

4. Who are some of the people you look up to in your life? Who are your role-models?

- 5.

CYBERSAFETY USE AGREEMENT FOR STUDENTS

INTRODUCTION

Manurewa Intermediate School uses a variety of technologies to enrich student learning. School wide networked computers (which includes one-to-one device per student funded by the school), the internet, email, web publishing, pod casting and video conferencing as well as in-school TV and video conferencing all bring great benefits to the teaching and learning programs at Manurewa Intermediate.

Our school has rigorous cybersafety practices in place, which include cybersafety use agreements for all school staff and students.

The overall goal of the school in this matter is to create and maintain a cybersafety culture which is in keeping with the values of the school, and legislative and professional obligations.

This use agreement includes information about your obligations, responsibilities, and the nature of possible consequences associated with cybersafety breaches which undermine the safety of the school environment.

All students will be issued with a use agreement and once signed consent has been returned to school, students will be able to use the school ICT equipment.

RULES TO HELP KEEP MANUREWA INTERMEDIATE STUDENTS SAFE

1. I cannot use school ICT equipment until my parents have signed my use agreement form and the completed form has been returned to school.
2. I can only use the computers and other ICT equipment for my schoolwork and only with my teacher's permission.
3. I can only go online or use the Internet at school when a teacher gives permission and an adult is present.
4. I will not use the Internet, email, mobile phones or any other ICT equipment to be mean, rude, or unkind about other people or to tell anyone things like my full name, my home address or phone number.
5. If I find anything that upsets me, is mean or rude, or things I know are not acceptable at our school, I will:

- Not show others
- Turn off the monitor or close the laptop immediately
- Get a teacher straight away

CYBERSAFETY USE AGREEMENT FORM

To the parent/caregiver/legal guardian, please:

1. Read this page carefully, to check you understand your responsibilities under this agreement
2. Sign the appropriate section on this form
3. Return this form to your child's class teacher

PARENT / GUARDIAN RESPONSIBILITIES

- I understand that the school's ICT equipment is designed for educational use only.
- I understand that the school will do its best to enhance learning through the safe use of ICT. This includes working to restrict access to inappropriate, illegal or harmful material on the Internet or school ICT equipment.
- I will not hold Manurewa Intermediate School responsible if my child chooses to access inappropriate materials.
- I accept full responsibility for my child's use of the Internet at school and agree to support the school in any action it may take to ensure that the code of conduct as described in the policy is enforced.
- I allow my child's work or photograph to be published on the school website and websites approved by the school's senior management team.

STUDENT RESPONSIBILITIES

- I understand the rules to help keep Manurewa Intermediate students safe.
- I understand that I can only use the school internet when supervised by a staff member.
- I understand that there will be consequences if I use the ICT equipment incorrectly and I may not be allowed to use the school's ICT equipment.
- I agree to report any misuse of the school's ICT equipment to a teacher or other staff member.

Additional information can be found on the NetSafe website www.netsafe.org.nz/ua

Please sign and return this form to school.

I have read this cybersafety use agreement and I am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.

Name of student:

.....

Student's signature:

..... **Date:**

Name of parent/caregiver/legal guardian:

.....

Parent's signature: **Date:**

Please note: This agreement for your child will remain in force as long as he/she is enrolled at this school. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.

TEACHERS: PLEASE FILE THIS COPY IN CHILD'S DROP FILE



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Social Workers in Schools Consent Form

Social Workers in Schools is a free community service that will support your child and family to learn, grow and thrive. We are here to work with you and find ways to support your child. Manurewa Intermediate School provides one Social Worker and Family Works also provide a Social Worker via the Ministry of Social Development, who work directly in partnership with our school.

This service is for all children and families at Manurewa Intermediate. We focus on working with you to address any issues at an early stage and build on your families/whānau strengths. The earlier we can work with you, the better the outcomes for your child and whānau. So whatever you need help with, please come and talk to us.

Social workers in schools have three main roles:

1. One-to-one work with children and their families/whānau.
2. Provide group programmes which help children and families to succeed.
3. Help families to access community support and networks.

Your teachers, leadership team or community members can all refer you to the Social Worker but this is a voluntary service. Please ask us how we can help.

Social Workers In Schools

Child Name: _____ Caregiver Name: _____

I give permission for SWiS Social Worker to work with my child if a need arises while they are enrolled at Manurewa Intermediate:

Yes

No

I consent to my child attending a programme as part of the intervention for my child to support any needs that they may have while they are enrolled at Manurewa Intermediate:

Yes

No

The social worker in schools shall not share or gather information from any other person or group without getting agreement with you first. If there is a need to provide support to your child they will communicate this with you to ensure that you still give your consent for them to do this. The only exception shall be if they consider you or your child to be in danger.

Caregiver Signature: _____ Date: ___/___/___

Name _____

Here are some of the things we can work with you and your child on:

- Social skills, self-esteem and confidence
- Making friends and positive relationships
- Family/whānau relationships · Behavioural concerns
- Advocacy
- Participation in schools
- Transition to new schools
- Referrals to other services

The contact details for our social worker are:

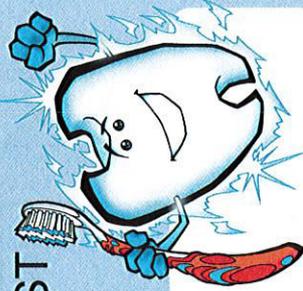
Shalene Hudson and Iosis Social Worker

09 266 826 ext. 3043

shaleneh@manurewaint.school.nz

Tooth decay is a preventable disease. Together, we can care for your child's teeth. Here are some ways you can help:

- USE FLUORIDATED TOOTHPASTE
- BRUSH TEETH AT LEAST TWICE A DAY
- FLOSS ONCE PER DAY
- CHOOSE SUGAR-FREE SNACKS AND DRINKS
- CHOOSE WATER FIRST



Please write any comments for the Therapist here

Office Use:

PLEASE FILL IN AND RETURN THIS FORM TO THE SCHOOL DENTAL CLINIC or SCHOOL OFFICE

The information you give us about your child will be kept by the Auckland Regional Dental Service and may be shared with other health professionals. Use of and access to the information is covered by the Health Information Privacy Code. If you want to see this information or correct any details contact:

(09) 839 0565
Auckland Regional Dental Service
Private Bag 93-115, Henderson 0650, Auckland
Website: www.ards.co.nz
Email: ards@waitematadhb.govt.nz

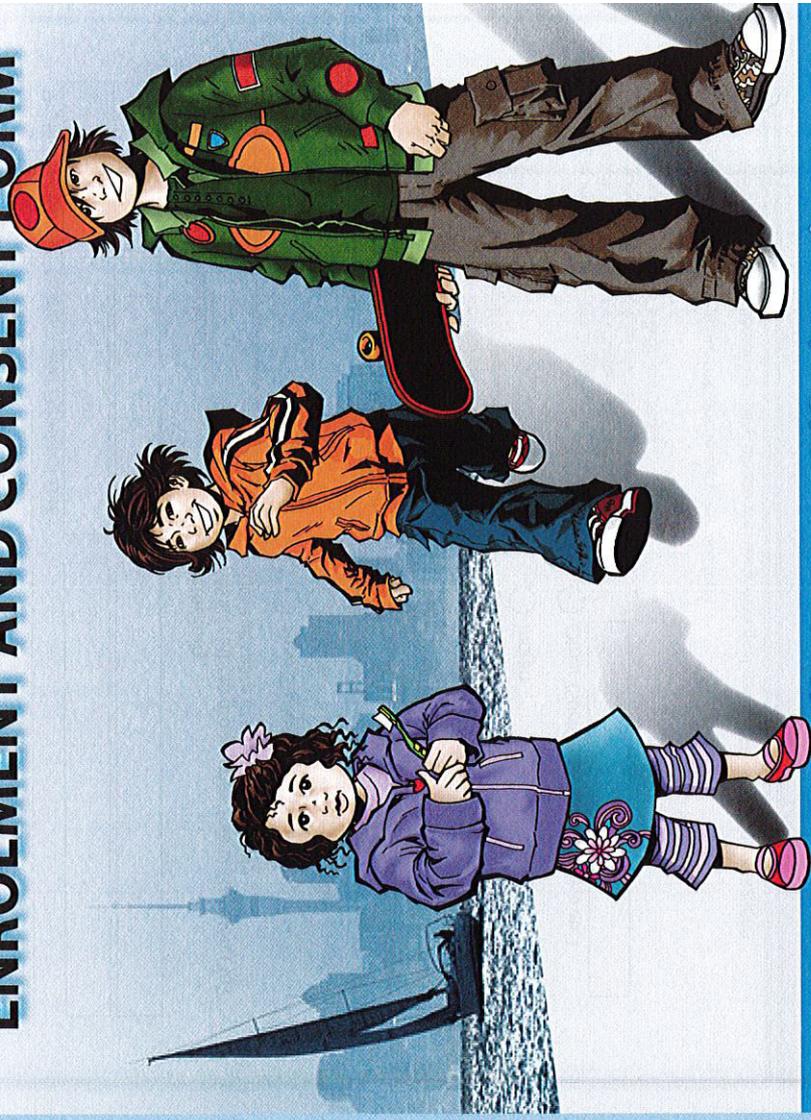


ENROL YOUR CHILD FOR FREE

Auckland Regional Dental Service

Free Community Dental Service

ENROLMENT AND CONSENT FORM



A Smile Lasts a Lifetime 

(09) 839 0565

Website: www.ards.co.nz

PARENT / GUARDIAN CONSENT FOR EXAMINATION, XRAY CLEANING, AND PREVENTIVE CARE.

Male Female

Child's Date of Birth dd / mm / yyyy

NHI Number

Child's First Name (legal given name)

Also Known As

Child's Family Name (legal surname)

Child's Middle Name(s)

Contact Address

Home Phone

Work Phone

Mobile Phone (Parent/Guardian)

Email Address (Parent/Guardian)

Brother's / Sister's Name/s and Dates of Birth

Name DOB

Name DOB

Name DOB

Name DOB

Current School / Preschool

Ethnicity
Which ethnic group does this child belong to?
Tick the space or spaces that apply

- NZ Residency Status**
- New Zealand Citizen
Please include a copy of your child's Passport or birth certificate
- Other
Please include a copy of parent/guardian's Passport(s) photo page(s), including relevant Visa details page(s).
- NZ Ethnicity**
- New Zealand European
- Māori
- Samoan
- Cook Island Māori
- Tongan
- Niuean
- Chinese
- Indian
- Other (Such as Dutch, Japanese etc.)

Please include one of the following:
• A copy of your child's Passport photo page, including relevant Visa details page, or
• A copy of your child's birth certificate.

I have enclosed the above requested documents with this form.
For more information on eligibility please visit www.moh.govt.nz/eligibility, or call 0800 825583

Office use only:

MEDICAL HISTORY

Some medical conditions and some medicines can affect dental care. To help us take good care of your child and ensure their safety please tick if your child has had, or is suffering from any of the following:

- Rheumatic Fever Asthma Latex Allergy Bleeding Conditions
- Heart Conditions Epilepsy Diabetes None of the above

Current Medications & Other Conditions/Allergies

Comments

Permission to contact your Doctor/Practice if necessary Yes No

Doctor/Practice Name

Doctor/Practice Number

Please alert us if there are changes to any of the above.

CONSENT FOR SERVICES PROVIDED



I AGREE to this child receiving regular:
Examinations and dental xrays as required
Cleaning and scaling
Fluoride Sealant
Fluoride Varnish

I understand that I have the right to change this consent at any time.
Please ring **0800 TALKTEETH (0800 825 583)**

Any additional treatments will require further consent.

Comments

Print Family Name (Parent/Guardian)

Today's Date

Print First name (Parent/Guardian)

day

month

year

Signature (Parent/Guardian if child under 18yrs)

Relationship to Child

DO NOT CONSENT

I DO NOT AGREE to this child receiving dental services from the Auckland Regional Dental Service.

Print Family Name (Parent/Guardian)

Today's Date

Print First name (Parent/Guardian)

day

month

year

Signature (Parent/Guardian if child under 18yrs)

Relationship to Child:



Mana Kidz

Family/Whānau Information Consent Form



What health services does Mana Kidz provide?

Your child can be seen for a range of child health conditions such as:

- Sore throat checks
- Skins checks
- Head lice
- Dental health
- Eye health and vision
- Ear health and hearing
- Emotional well-being
- Healthy weight management
- Breathing health (respiratory) e.g. asthma
- Immunisations
- Allergies
- Day/Night time wetting
- Health information

Who provides this service to my child?

The Mana Kidz health team is made up of a registered nurse and whānau support worker. Mana Kidz services are at your child's school Monday to Friday.

How can my child be seen by the Mana Kidz team?

- Your child can go to the school health clinic
- Parents/guardians can ask for the nurse to see their child or visit the nurse directly
- The Mana Kidz health team do regular classroom visits
- School staff can ask the nurse to see your child

Contacting whānau

The Mana Kidz health team will always contact you if your child requires any medicine or treatment. All medicine and treatment provided through Mana Kidz is **FREE**.

What do I need to do?

Please **fill in, sign and return the attached consent form to your child's school**. The form tells us whether you do or do not want your child to be enrolled in the Mana Kidz health service.

Please read the information carefully. Feel free to talk with your child and whānau about the Mana Kidz services.

Your child can only be seen if **you** have agreed, and you have **signed** and **returned** the consent form



Where can I get more information?

If you would like more information about the health services we provide, please contact the Mana Kidz health team through the school office. If you would like this information in another language, please contact the Mana Kidz team:

Email: manakidz@nhc.maori.nz OR

Phone/text the Mana Kidz number [027 567 5241](tel:0275675241) or visit the school health clinic.

Privacy

Your child's privacy will always be protected. Information about any health checks and/or treatment your child receives will be recorded on a health database. Your family doctor will be advised of all health checks requiring treatment.

Data collected from the service will be used for evaluation/research, service management quality improvement, and development purposes. All names and details will be removed when your child's information is being used for this reason.

Your rights

The Health and Disability Commissioner's Code of Rights applies to the Mana Kidz health service. For more information about your rights visit www.hdc.org.nz or call 0800 555 050.

If you decide you no longer want your child to receive this service, please contact the Mana Kidz health team at any time.

School nurse contact details



Mana Kidz Consent Form

This consent form tells us whether you want or do not want your child to have health checks at school.

Important information:

- **Section A (Blue):** Parents/Guardians, please fill out all child details
- **Section B (Green):** Parents/Guardians, please fill out if you **AGREE** for your child to have health checks
- **Section C (Red):** Parents/Guardians, please fill out if you **DO NOT AGREE** for you child to have health checks

[A] Section A: CHILD'S DETAILS – All parents/guardians <u>must</u> fill out this section			
SCHOOL NAME		ROOM NAME OR NUMBER	
SURNAME			
FIRST NAME		MIDDLE NAME(S)	
<input type="checkbox"/> Male <input type="checkbox"/> Female GENDER	DD/MM/YYYY DATE OF BIRTH	CHILDS NHI NUMBER* (if known)	
Which ethnic group does your child most closely identify with? (You may tick more than one)		HOME ADDRESS	
<input type="checkbox"/>	NZ European	PHONE (Day)	PHONE (Evening)
<input type="checkbox"/>	Māori		
<input type="checkbox"/>	Samoan	EMAIL (provide only if you are happy for us to contact you via email)	
<input type="checkbox"/>	Cook Island Maori		
<input type="checkbox"/>	Tongan	FAMILY DOCTORS NAME	
<input type="checkbox"/>	Niuean		
<input type="checkbox"/>	Chinese	MEDICAL CENTRE NAME	
<input type="checkbox"/>	Indian		
<input type="checkbox"/>	OTHER (Such as Dutch, Japanese, Tokelauan). Please state below	MEDICAL CENTRE ADDRESS/PHONE	
<input type="checkbox"/>			
*An NHI (National Health Index) number is a unique number assigned to each person who accesses publicly funded health services in New Zealand			
[B] Section B: YES (agree) – I <u>DO</u> want my child to have the checks at school			
<input type="checkbox"/> Yes, I agree to my child having health checks at school			
I am (please tick one)	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
Your full name	Your signature	DD/MM/YYYY Date	
[C] Section C: NO (do not agree) – I <u>DO NOT</u> want my child to have the checks at school			
<input type="checkbox"/> No, I do not want my child having health checks at school			
I am (please tick one)	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
Your full name	Your signature	DD/MM/YYYY Date	



**Manurewa Intermediate School
Student Health Record**



Surname: _____ First Names: _____ Year Level: 7 8

D.O.B

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Have you ever had, or do you have any of the following? Please tick.

Medical Condition	No	Yes	Medication Required
Allergies			
Asthma			
Attention Deficit Hyperactive Disorder			
Back/Neck Problems			
Bleeding Disorders			
Diabetes			
Dyslexia			
Epilepsy			
Glandular Fever			
Hay Fever			
Headaches – Frequent or severe			
Head Injury			
Hearing Problems			
Heart Condition			
HIV / Hepatitis A or B			
Migraines			
Nose Bleeds			
Respiratory illness (<i>not asthma</i>)			
Rheumatic Fever			
Seizures/Fits			
Skin disorders e.g. Eczema			
Sports Injury			
Tuberculosis			
Vision Problems e.g. Glasses etc			
A course of treatment / Counselling			
Any medical condition not listed above – details:			
Medication: Regular medication requiring administration at school may be left with the School Office after the required documentation is completed.			

Are childhood vaccinations current?	Yes	If possible please provide proof of vaccination	Yes
MMR Measles/Mumps/Rubella			
Hepatitis			
Tuberculosis – (BCG)			
Rubella (German Measles)			
Meningococcal Disease			
Tetanus		/ / (date of last tetanus injection)	
COVID-19 (two doses)			

➡ (please turn over)

Doctors Name: _____ **Phone No:** _____

Address : _____

Dentist Name : _____ **Phone No:** _____

Address : _____

I wish to enrol my child in the Ministry of Health's School Dental Service Yes No
(situated on site at Manurewa Intermediate)

Where appropriate the school may administer non-prescription medicines e.g. Panadol / paracetamol, antihistamine, Mylanta, throat lozenges etc.

If considered to be necessary I give permission for my child to undergo a health assessment and screening i.e. vision, hearing etc.

Parent / Guardian signature _____

The school realises that family circumstances and a student's health may change in the course of a year. It would be very much appreciated if the school is notified as soon as possible by either:

- a) a phone call to the office ph.: 09 266 8268
- b) a note to the Form Teacher

In Case of Accident or Emergency

In case of an accident or emergency and the school cannot contact you, or if the accident is serious, the School may arrange for your child to be taken to your Doctor, local Medical Clinic or Accident and Emergency. I give permission for the school to make the necessary arrangements for the treatment of my child in an emergency and agree to meet any costs incurred.

Parent / Guardian signature _____

I certify that the above information, to the best of my knowledge is true and complete

Signature: _____ **Date:** _____
Parent or Guardian

This information will remain confidential and will be treated in accordance with Privacy Act and Health Information Code 1994