



CATERHAM SCHOOL

MEDICAL INFORMATION FORM FOR BOARDING PUPILS

Name

House

MEDICAL INFORMATION FORM

Strictly Confidential: The information on this form will be held in the Health Centre for the use of the School Doctor and Health Centre Manager. (For further details see section in the form on confidentiality)

Personal Details – please complete

Surname of Pupil (In full/block letters)	
First Names	
Gender (please delete as appropriate)	Male/Female
Date of Birth	
Country of Birth	
Home Address	
Home Telephone No.	
Home Fax No.	
Home email	

NHS Details - for all pupils already registered with an NHS Doctor

Doctor's Name	
Doctor's Address	
NHS Number	

Private Medical Treatment – please complete

If appropriate do you wish your child to Receive private medical treatment? (please delete as appropriate)	Yes/No
Is your child a member of a Private Medical Scheme? (please delete as appropriate)	Yes/No
Name of Medical Scheme	
Medical Scheme Reference Number	

MEDICAL DETAILS – please complete ALL sections

Illness	Please tick if YES	Date if known
Chickenpox		
German Measles (Rubella)		
Glandular fever		
Jaundice		
Measles		
Mumps		
Scarlet Fever		
Whooping Cough		

Operations	Please tick if YES	Date if known
Appendectomy		
Tonsillectomy		
Any others – list below		

Other Conditions	Please tick if YES	Date if known
Asthma		
Anxiety		
Bone or Joint Diseases		
Eating Disorders		
Eczema		
Enuresis (Bed Wetting)		
Fits/Convulsions		
Hay Fever		

Other Medical Information

Details of Other Medical Problems	Date of start of treatment

Allergies to	Please tick if YES
Dust	
Nuts	
Wasp/Bee stings	
Drugs – please indicate which drug(s) below	

Medication – please indicate below if your child is at present taking any form of medication.

Medication being taken	Details of Dosage	Date of Initial Prescription

ALL MEDICINES SHOULD BE TAKEN TO THE HEALTH CENTRE IN ORDER THAT THE SCHOOL DOCTOR OR HEALTH CENTRE MANAGER CAN DECIDE HOW THE MEDICINES SHOULD BE ADMINISTERED. PUPILS SHOULD NOT CARRY MEDICINES WITH THEM IN SCHOOL AT ANY TIME WITHOUT PRIOR PERMISSION FROM THE SCHOOL'S MEDICAL STAFF.

School Games and Activities – if you consider that your child is not fit to take part in all or any of the normal games and activities, please give details below.

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Special Dietary Requirements – if your child has any special dietary requirements, please give details below:

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Sight and Hearing

	Please tick if YES	Date of last test
Does your child wear glasses?		
Does your child wear contact lenses?		
Has your child had a hearing test?		

Results of Hearing Test

Any Other Relevant Information

Please indicate below any other health information about your child that our medical or teaching staff should be aware of:

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.....

IMMUNISATIONS AND VACCINATIONS

Please complete the details below with dates to ensure that your child is properly protected.

Immunisations/Vaccinations	Please tick if YES	Date if known
Chicken Pox		
Diphtheria		
Poliomyelitis booster		
Tetanus booster		
Whooping Cough (Pertussis)		
Measles		
Mumps		
Rubella (German Measles)		
HIB		
Meningitis C		
Meningitis ACWY		
BCG		
Mantoux/Heaf Test		
Hepatitis A		
Hepatitis B		
Rabies		
Typhoid		
Yellow fever		

For girls only, please also complete the details below.

Immunisations/Vaccinations	Please tick if YES	Date if known
HPV 1		
HPV 2		

PARENTAL AUTHORISATION

Please sign ALL of the following sections in the appropriate places below:

- **Permission to act on behalf of parents in the event of an emergency**

I give permission to the Headmaster or designated representative to give consent to any dental, medical or surgical treatment, including anaesthetic or blood transfusion required in an emergency by my child, if the School is unable to contact parents/guardians.

Signed Date

- **Permission to Administer Medication**

I give permission for my child to receive medication from a qualified nurse or designated member of staff according to the School's Medical protocol for the administration of drugs. This includes over the counter non prescription medication, including the following:- Paracetamol, Ibuprofen, Co-Codamol, Migralve, Beechams Cold & Flu, Beechams Max Lozenges, Sudofed, Chlorphenamine (Piriton), Cetirizine, Senokot, Lactulose, Tums (indigestion), Gaviscon, Simple linctus, Honey and Lemon Cough Syrup, Benylin for Coughs, Olbas Oil, Loperamide (Imodium), Bazuka (verruca), Buscopan (cramps), Cinnarizine (anti sickness)

Signed Date

- **Permission for Inoculations/Vaccinations**

I agree to my child receiving inoculations against polio, tetanus and diphtheria and any vaccinations necessary for the country of residence. If we do not receive a full vaccination history, with dates, for your child we will vaccinate them to bring them in line with UK schedule, as recommended by Public Health England.

Signed. Date

- **Update of Medical Information**

I undertake to keep the School Doctor and/or the Health Centre Manager fully informed of any medical conditions that may arise in the future.

Signed Date

To be completed by a Doctor before starting Caterham School

I consider the above named person to be in sound health and free from any defect disabling him/her from school life.

Name of Doctor

Signature of Doctor

Address

.....

Date

NOTE ON CONFIDENTIALITY OF MEDICAL RECORDS

In this respect, Caterham School follows the advice of the President of the BSA's Medical Officers of Schools Association.

- In accordance with the School Doctor's and Nurses' professional obligations, medical information about pupils, regardless of their age, will remain confidential.
- However, in providing medical and nursing care for a pupil, it is recognised that on occasions the doctor and nurses may liaise with the Headmaster and other academic staff, house staff and parents or guardians, and that information, ideally with the pupil's prior consent, will be passed on as necessary.
- With all medical and nursing matters, the doctor and nurses will respect a pupil's confidence except on the very rare occasions when having failed to persuade that pupil, or his or her authorised representative, to give consent to divulgence, the doctor or nurses consider that it is in the pupil's better interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

Medical Information Forms

Details of information concerning allergies and conditions that prevent a pupil from participating in normal school games and activities will be made available to the academic staff and house staff. The School Doctor may reveal other information to the Headmaster on the basis of 'a need to know'. The Headmaster may pass this information on to other staff based on his judgement of 'a need to know'.

For Official Use Only			
		Date	Signature
Height			
Weight			
Blood Pressure			
Pulse			
Eyes			
Urine			
G.P. Check			
G.P Registration			
Medical Card Received			