

Medical Form – Day Scholars/Flexi Boarders

This form must be returned to the school before the scholar starts school

Surname: First Name(s):.....

Sex: Male/Female Date of Birth:..... House:.....

Home Address:

.....

Town and country of birth

Home Telephone Number: Mobile:

Name of Family Doctor:.....

Family Doctor Address:,.....

..... Telephone number:.....

Previous illnesses, injuries, head injuries and/or concussion, operations and chronic conditions:
Please continue on a separate page if necessary

.....

.....

Allergies and /or drug sensitivities:

Present medication:

All day scholars and flexi boarders are to be registered with their own General Practitioner

Consent for treatment

It is essential for parents to provide all relevant medical information and to keep the School informed of any changes concerning their child's health. The School cannot be held responsible for any illness or injury that occurs to a pupil as a result of undisclosed or incorrect information.

In signing this form consent is given to the School Nurse and/or House Parent and/or Matron to administer such non-prescription medicines as may be required (eg. Paracetamol) and First Aid, as necessary.

Signature for Consent to Treatment

Unless a parent writes to withdraw consent it is assumed that consent is granted for the duration of your child's stay at Dean Close School

Emergency Treatment

When any surgical procedure, medical treatment or examination is contemplated, every effort will be made by the School to inform the parents or guardian, and to obtain consent. In the event of failure to make contact and/or in cases of urgency, parents are asked to sign below their consent for the surgical procedure, medical treatment or examination to proceed on the advice of the School Doctor and/or the relevant Doctor concerned.

I authorise the Headmaster or his deputy to consent to an surgical procedure, medical treatment or examination on my child under the NHS if the School Doctor and/or relevant doctor concerned consider it appropriate.

Signed:

Date:

Health Statement

Vaccinations: Please give dates for the following vaccinations. These can be obtained from your Doctor's surgery. However, if you are unable to provide dates, please sign and return the form.

| | Birth | Pre-School (5yrs) | Booster |
|----------------------------|-------|-------------------|---------|
| Triple Vaccine DTP & Polio | | | |
| MMR | | | |
| Meningitis C | | | |
| HIB | | | |
| Measles | | | |
| Tuberculosis (BCG) | | | |
| Typhoid | | | |
| Yellow Fever | | | |
| Hepatitis A | | | |
| Hepatitis B | | | |
| Others | | | |

Private Medical Treatment, Consultations, Surgeon's Fees and Private Hospital Treatment

Please tick as appropriate

My child is already insured under a medical insurance scheme

I wish my child to be treated solely under the National Health Service

If you have opted into the School AXA scheme the Bursary will inform the Health Centre

Notes

If the pupil is under treatment for a current illness a letter from his/her present GP should accompany this statement.

If through any medical condition the pupil is unable to take part in any physical or sporting activity, this must be stated in an accompanying letter.

Any other conditions we ought to be aware of or that may affect health should be clearly stated in an accompanying letter.