



## *Pupil Medical Questionnaire - Boarders*

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### **Instructions**

Please check the information entered on this form

Attach a passport sized photo of your son

Return this form to the School Office as soon as possible.

The details you provide regarding your son on this form will enable us to provide the best possible care for your son whilst he is boarding.

### **Personal Information**

Boy's full name

Date of birth

Religion

Name of parents or persons with parental responsibility:

Ethnicity:

1st spoken language:

### **Emergency Contact Details**

**Please make sure the School Office is aware of any changes to these details and the postal/email addresses they hold**

Primary Home Telephone

Secondary Home Telephone

Mother's Mobile

Father's Mobile

Mother's Work Telephone

Father's Work Telephone

If parents are unavailable please contact:

Guardian's Name

Guardian's Telephone

Guardian's Address

Guardian's Mobile

**Private Health Care Cover**

Company

Type of cover

Policy Number

**Health Information**

*Your son can be either registered with the school doctor at Southmead surgery, or if you prefer, he may remain registered with your family Doctor. All boys from abroad will be registered at Southmead.*

Do you wish to register your son with the school Doctor?

NO

YES

NHS number (if applicable)

Please give details of your son's UK Doctor

Doctor's Name

Surgery Telephone Number

Surgery Address

Please give details of your son's UK dentist

Dentist's Name

Practice Telephone Number

Practice Address

**Where was your son born?**

Country

Town

## Immunisation History

Please record ALL the dates for the following

Immunisation	Dates	Immunisation	Dates
Diphtheria		Tuberculosis (BCG)	
Tetanus		Typhoid	
Poliomyelitis		Hepatitis A	
Whooping Cough		Hepatitis B	
Hib		Yellow Fever	
MMR		Meningitis C	

Please complete the following details if your son has or has suffered from any of the following medical conditions.

Medical condition	Date Diagnosed	Medication Used
Asthma		
Epilepsy		
Hay Fever		
Chicken Pox		
Migraine		
Diabetes		
Eczema		

Does your son have any other medical condition?                      NO                      YES                      please give details

Medical condition	Date Diagnosed	Medication Used

Does your son take any regular PRESCRIPTION medication?    NO                      YES                      please give details

Medication	Dosage	Frequency	Reason for taking	Length of time taken

Does your son take any regular NON-PRESCRIPTION medication? NO                      YES                      please give details

Medication	Dosage	Frequency	Reason for taking	Length of time taken

Does your son have any Allergies e.g. medicines, food, plasters? NO YES please give details

Allergy	Signs & Symptoms	Treatment if required

Does your son wear glasses or contact lenses? NO YES please give details

Has your son have any orthodontic treatment? NO YES please give details

Is your son receiving any other treatment e.g? Physiotherapy NO YES please give details

Has your son had any surgery in the past or significant injury? NO YES please give details

Does your son have any special dietary requirements? NO YES please give details

Does your son wet the bed? NO YES please give details

Does your son have any problems at night such as sleep walking? NO YES please give details

Are there any circumstances in the family, past or present, which might affect your son's emotional well being, such as illness, bereavement or parental separation?  
NO YES please give details

Has your son ever been diagnosed as having any difficulties educational such as, Dyslexia, Dyspraxia, and ADHD?  
NO YES please give details

## Medical Information

Should your son become unwell or injured at school he may benefit from the administration of simple over-the-counter medicines (OTC), such as Paracetamol, cough linctus etc. Medicines may only be given under the direction of the School Nurses or any member of staff deputising in their absence e.g. Teachers or Matrons and with the parent's/guardians written consent.

ALL medicines brought into school must be given to the School Nurses. This includes OTC medicines, asthma inhalers and eczema creams. All medicines must be clearly labelled, with your son's name and must be in their original container. Also a medication permission form must be completed and accompany the medicine.

On NO account should ANY medicine be left in box files or be kept by pupils themselves.

If your son is to be absent from school, please contact the school office on 01753 649300 by 09:30am. The School Nurses are available from 08:30am to discuss any health issues with parents/guardians.

Medical information disclosed on this form will remain confidential to the Medical Staff and Headmaster of the School. However, where necessary, relevant information will be shared with the appropriate staff.

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### Consent to Administer Medicine

I/we give permission for \_\_\_\_\_ (Name of son) \_\_\_\_\_ to receive:

1. Over-the-counter medicines, which are kept at school, as per the 'Homely Remedy Policy', in the event of him becoming unwell or injured.
2. Any medicines brought into the school by parents/guardians.

Name of Parents/Guardian

Signed by Parent/Guardian

Date

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### Consent to Administer First Aid

I agree to my son receiving First Aid by the medical authorities present and also emergency dental or optical treatment if required. I undertake to inform the School Nurses of any changes in my son's medical circumstances.

Name of Parents/Guardian

Signed by Parent/Guardian

Date

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### Consent for Medical Administration in an emergency

In the event of an accident or emergency, I hereby give consent to the Headmaster or his representative, acting in loco parentis, to give permission to the medical authorities, on their advice, for the administration of an anaesthetic or operation or both. Parents will of course be notified of any such accident or emergency as soon as is practicable.

Name of Parents/Guardian

Signed by Parent/Guardian

Date