



WALTHAMSTOW HALL, SEVENOAKS, KENT TN13 3UL

Headmistress: Mrs J Milner, MA (Oxon)

Holly Bush Lane, Sevenoaks, Kent. TN13 3UL Tel: 01732 451334 Fax: 01732 740439

Email: headmistress@walthamstowhall.kent.sch.uk

Dear Parents,

Pupil Health Questionnaire

This Health Questionnaire and Consent form must be completed and signed by a parent or guardian for each pupil and returned to the Medical Centre at your earliest convenience. Any subsequent change in information must be passed on immediately to the Medical Centre so that a pupil's records can be amended accordingly.

Yours sincerely,

L Mottram

E Leisinger

Sister L Mottram

Sister E Leisinger.



Pupil Health Questionnaire

Please note that we are a NUT FREE school and nuts or nut products must not be brought into school under any circumstances.

Surname First name

Date of Birth Year Group

Home Address:
.....

Emergency Contact Numbers in order of preference to call

1. Name Relationship to child.....

Telephone Nos:

2. Name..... Relationship to child.....

Telephone Nos.:

GP name and address:

.....

Does your daughter suffer with?

Allergies Y/N

Details.....

Epipen Y/N **(1 to be kept with pupil and 1 in School office)**

Any other medication.....

Asthma Y/N **(1 reliever inhaler to be carried by pupil and 1 kept in School office)**

Medication.....

Here is a list of over the counter remedies that we stock in the Medical Centre.

Please indicate which you consent for your daughter to receive:

Paracetamol/Calpol Y/N

Ibuprofen Y/N

Hay fever tablets (Cetirizine) Y/N

Simple Linctus Y/N

Arnica cream Y/N

Bonjela Y/N

Olbas Oil Y/N

Antihistamine cream Y/N

Gaviscon/Rennie tabs Y/N

Piriton (Chlorphenamine) Y/N

Strepsils Y/N

Antiseptic cream Y/N

Current Medication

Name.....Dose/Frequency.....

Name.....Dose/Frequency.....

All Medication must be clearly labelled and handed into the Medical Department.

Epilepsy or Seizures Y/N

Details.....

Medication.....

Diabetes Y/N

Medication.....

Does your daughter suffer from/do you have concerns about?

Eyes/Vision Y/N

Psychological Issues Y/N

Ears/Hearing Y/N

Dental (including orthodontic treatment) Y/N

Hayfever Y/N

Eczema Y/N

Any other medical issue/concern Y/N

Please give further details if necessary.....

Does your daughter have any dietary needs? Y/N

Height **Weight**.....

Medical History

Has your daughter had?

Whooping Cough Y/N

German Measles Y/N

Measles Y/N

Chicken Pox Y/N

Any other illness Y/N

Serious accident Y/N

Operations Y/N

Please give details

Immunisations

Type	Dates
Diphtheria, Tetanus, whooping cough (pertussis), polio	
Haemophilus Influenza type B (hib)	
Pneumococcal vaccine (pcv)	
Men B	
Men C	
Measles; Mumps; Rubella (MMR)	
Rotavirus	
Flu	
HPV	
MEN ACWY	
Other	

In order to comply with current legislation we need your consent to administer any medication or emergency First Aid to your child.

Consent to Emergency Treatment

I understand that in an emergency every effort will be made to obtain my consent to any operation and/or administration of anaesthetic; emergency dental treatment or blood transfusion, but if this proves impossible, I hereby authorise the Headmistress or her representative, or the Nursing Sister, to act in loco parentis.

Signature of both parents:

Date:

Consent to general treatment and to First Aid

I hereby give my consent for the School Nurse or appointed First Aider to give medication to my child should the need arise.

Signature of both parents:

Date:

I agree to inform the school of any changes to any of the information given on this form.

Signature of both parents:

Date:

If you have any further medical information or concerns which you feel we should know about/be aware of, please do not hesitate to contact us.

Kind regards

Sister L Mottram
Sister E Leisinger