Pupil Health Questionnaire – Junior School

Please note that we strive to be 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: ……

……

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	Strepsils	Y/N
Hay fever tablets (Cetirizine)	Y/N	Antiseptic Cream	Y/N
Arnica Cream	Y/N	Antihistamine cream	Y/N
Olbas Oil	Y/N	E45 Cream	Y/N
Piriton (Chlorphenamine)	Y/N		

Current Medication

Name……Dose/Frequency……..

Name……Dose/Frequency……..

All Medication brought into school must be clearly labelled with full name; dosage and frequency and handed into the Medical Department with form AM1.

Allergies Y/N

Details……

……

Epipen Y/N (One in date epipen, clearly labelled with their name, should be brought to School each day and one spare handed in to the School office – please note the expiry date of this epipen and replace at the appropriate time).

Prescribed medication……

Asthma Y/N (One in date inhaler, clearly labelled with their name, should be brought to School each day and one spare handed in to the School office – please note the expiry date of this inhaler and replace at the appropriate time).

Prescribed Medication……..

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the School for such emergencies.

Signed……Date……

Epilepsy or Seizures Y/N

Details……

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Diabetes Y/N

Medication……

……...……

Does your daughter suffer from/do you have concerns about any medical/psychological issues?

Please give further details if necessary……..

……

……..

Does your daughter have any dietary needs? Y/N

……

……

Height ……..

Weight……

Any relevant Medical History (continue on separate sheet if necessary)

Please give details
……

……

Immunisations

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

In order to comply with current legislation, we require 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: ……

Permission to share medical information

In order to keep your daughter as safe as possible, it is the School's intention to share details of any allergies or medical conditions with members of staff. Under the new GDPR regulations and Data Protection Act this information is now termed *sensitive personal data* and specific permission is required to share such data. Please provide approval to allow us to share your daughter's sensitive personal data with school staff:

(*Please delete)

I give/do not give* approval to share my/my daughter's* medical /allergy information with relevant School staff for School trips.

I give/do not give* approval for my daughter's dietary conditions to be shared with relevant School staff including kitchen staff.

I give/do not give* approval for my daughter's photograph alongside a brief medical summary to be displayed in the staff room, to which only staff members have access.

Signature of both parents:

……..……

Date: ……

In addition, the school is required to share sensitive personal data with the NHS with regards to the visiting immunisation programme.

I give/do not give* my approval.

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