RGS SURREY HILLS

Medical Information Form

Boarders and Day Students

PUPIL

Surname

First Name

Date of Birth

Age

Sex

Male ☐ Female ☐

Country of Birth

Home Address

Post Code

Mobile Telephone Number

Email Address

PARENT/GUARDIAN

Name of Parent / Guardian

Relationship to Child

Home Telephone Number

Work Telephone Number

Mobile Telephone Number

Email Address

HOME DOCTOR

Doctor's Name

Doctor's Address

Child's NHS Number (UK Residents)

MEDICAL DETAILS - Complete ALL sections

Has your child had any of the following illnesses or conditions?

ILLNESS - Please tick relevant box			Date if known
Chickenpox	YES ☐	NO ☐	
German Measles (Rubella)	YES ☐	NO ☐	
Glandular Fever	YES ☐	NO ☐	
Jaundice	YES ☐	NO ☐	
Malaria	YES ☐	NO ☐	
Measles	YES ☐	NO ☐	
Mumps	YES ☐	NO ☐	
Tuberculosis (TB)	YES ☐	NO ☐	
Whooping Cough	YES ☐	NO ☐	

OPERATIONS - Please tick relevant box		
Appendicectomy	YES ☐	NO ☐
Tonsillectomy	YES ☐	NO ☐
Others: Please list below		

IMMUNISATIONS AND VACCINATIONS - Complete in detail including all dates

Immunisations/Vaccinations	Date - First Dose(s)	Date(s) of Booster(s)
Diphtheria		
Tetanus		
Polio		
MMR (Measles, Mumps, Rubella)		
Pertussis (Whooping cough)		
Hepatitis A		
Hepatitis B		
Meningitis C		
BCG		
Typhoid		
Rabies		
Yellow Fever (send copy of certificate)		
Influenza / Swine Flu		
HPV		
Other:		

Other Conditions - Please tick relevant box

Asthma (please list your child's inhalers on page 5)	YES ☐	NO ☐	Emotional Difficulties	YES ☐	NO ☐
Bone or Joint Disease	YES ☐	NO ☐	Anger Issues	YES ☐	NO ☐
Ear Infection	YES ☐	NO ☐	Epilepsy	YES ☐	NO ☐
Eczema	YES ☐	NO ☐	Frequent sore throats	YES ☐	NO ☐
Hay Fever	YES ☐	NO ☐	Painful Periods	YES ☐	NO ☐
Urinary problems	YES ☐	NO ☐	Psychological episodes	YES ☐	NO ☐
Anxiety	YES ☐	NO ☐	Self-Harm	YES ☐	NO ☐
Depression	YES ☐	NO ☐	Diabetes - If 'Yes' please indicate the type of insulin and method of administration	YES ☐	NO ☐
Eating Disorder (Anorexia, Bulimia etc)	YES ☐	NO ☐	Type / Administration		

Answer ALL of the following questions - PLEASE DO NOT LEAVE BOXES BLANK

OTHER MEDICAL CONDITIONS

Details of any medical condition

Date

Details of any emotional or behavioral problems

Date

Details of any appointments with a Psychologist/Psychiatrist or Counsellor

Date

Any other relevant information that will help us support the welfare of your child

Date

If your child is boarding, is this their first experience living away from home? YES ☐ NO ☐ N/A ☐

We are aware that some of the above questions are of a sensitive nature and deciding to disclose can be difficult. However, in order to support your child's overall 'well-being' it is vitally important that we establish a clear picture from the start. If you have any questions please do not hesitate to contact the Medical Team at RGS Surrey Hills
Email: nurses@rgs-surreyhills.org or call direct 01372 385039.

VISION

Does your child wear glasses?	YES ☐	NO ☐
Does he/she have a spare pair?	YES ☐	NO ☐
Does your child wear contact lenses?	YES ☐	NO ☐

Date of last eye test

General

Do you give consent for your child to receive over-the-counter medication and medication prescribed by a doctor?	YES ☐	NO ☐
If your child is a weekly boarder - would you wish them to be registered with the school doctor?	YES ☐	NO ☐
BOARDERS ONLY - Do you consent to your child receiving emergency dental care?	YES ☐	NO ☐
BOARDERS ONLY - Do you consent to your child receiving vision tests if necessary?	YES ☐	NO ☐
Do you consent for your child to receive emergency first aid treatment?	YES ☐	NO ☐

Whilst every effort will be made to contact you, this is not always possible. Therefore do you give your consent to the following:

Do you consent for the Headmaster or designated member of staff to give consent for emergency surgery and anaesthetic in your absence?	YES ☐	NO ☐

The Headmaster reserves the right to use his discretion to authorise surgical treatment and the administration of an anaesthetic if the delay in obtaining such sanction of the parent or guardian might prove injurious to the pupil.

Please be aware that emergency dental care and vision tests may incur charges. We will endeavour to contact you prior and give you an estimate of costs.

These can be re-charged to your bill.

* Specialist Treatment - if your child needs treatment by a specialist, please state whether you prefer a private or National Health Service specialist

  PRIVATE ☐ NHS ☐

* If private insurance, please state details of health insurance company and policy number:

Is your child allergic to any of the following? - Please tick relevant box

Dust	YES ☐	NO ☐
Nuts - Types of Nut	YES ☐	NO ☐
Wasps/Bee stings	YES ☐	NO ☐

Medicine - If 'yes' please list below	YES ☐	NO ☐

Any other Anaphylatic allergies:

Has an Adrenaline Auto Injector (AAI), for example an EpiPen, Jext or Emerade or other treatment been prescribed for your child's allergies?	YES ☐	NO ☐

One must be carried by the pupil and one must be left at the RGS Surrey Hills Medical Centre

Special Dietary Requirements - List below

Medication

Please list here any medication and dosage if your child is taking medication including inhalers for asthma.

All medication must be assessed and approved by the Medical Team at the start of each term.
Please do not send any medication back to school unless it has been prescribed by a doctor and accompanied with an explanatory letter written in English.

Declaration

I CONFIRM THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS FULL AND CORRECT
We are only responsible for administering care according to the information given by you.

Signed

Date

Name in capitals

Relationship to child

RGS Surrey Hills reserves the right to disclaim responsibility in respect of a child's ailment associated with a pre-existing medical condition that has not been previously disclosed to the school.