



MEDICAL RECORDS FORM

Name of pupil: Date of Birth:/...../.....

Does your child have:

1. Any diagnosed medical condition? Yes No
2. Any diagnosed mental Health condition? Yes No
3. Any allergies? Yes No

If Yes, does your Child require an Adrenaline auto-injector such as an EpiPen?

Yes No

4. Or Has recently undergone a surgical operation? Yes No

If you have ticked 'Yes' to any of the above, please provide any relevant details.

Please also provide details of any regular or prescription medication taken. Any medication that is required during the school day should be stated here and School Nurse to be informed.

If your child is receiving/has ever received treatment from a specialist consultant, please provide details and notes, which must be translated into English:

Name of consultant:

Address

Any medicine that needs to be taken at school should be handed to the School Nurse in the original packaging with the prescription label attached, ALL medication information must be in English (in the case of day pupils this can be just the daily dosage). A completed request to administer medication form is required. In the case of boarding pupils ALL medicines should be handed to house parents on arrival. They will then pass them on to the school nurse. International Boarding pupil's medication may need to be prescribed by the school's doctor.

Please sign and date the declaration below:

I/we consent to Sibford School collecting, storing and processing the data provided on this form.

I/we understand that if my child suffers from a serious medical condition/allergy this will be shared with members of staff through their individual care plan with a photo attached to allow immediate care of my child.

I/we hereby give consent for the School Nurse or designated members of staff to administer non-prescription medication and first aid treatment to my/our child should the need arise.

PLEASE STATE IF YOU DO NOT WISH YOUR CHILD TO BE ADMINISTERED ANY NON-PRESCRIPTION MEDICATION BELOW (for example Paracetamol/Ibuprofen):

I/we understand that in an emergency every effort will be made to obtain my/our consent to any emergency dental, medical or surgical treatment, as considered necessary by the medical authorities present. If efforts to obtain consent prove unsuccessful, I/we hereby authorise the Head or his representative to act in loco parentis. Should there be any particular medical intervention for which you would not ever give permission, for example, for religious reasons, please supply details in a separate document.

Signed: Parent/Guardian

Print name:.....

Relationship to student:

Date:

UK-based emergency Contact Details

Name:

Relationship/Guardian:

Address:

.....

Telephone Numbers:

Mobile:.....

Home:

Work:.....

SCHOOL NURSE HEALTH ADVISOR:

Miriam Bibb

01295 781290

MBIBB@sibfordschool.co.uk

ADDITIONAL INFORMATION FOR BOARDING PUPILS/INTERNATIONAL PUPILS

The following information is **ESSENTIAL** for **ALL** boarding pupils. If your child is a day pupil you do not have to complete this section but it would help us should your child ever wish to board in the future, even on a flexi or one-off basis.

All Full time boarders will be registered with the local doctor’s surgery, please contact the School Nurse if you DO NOT wish your child to be registered. Weekly boarders will not be automatically registered unless School Nurse is advised to do so by Parent/Guardian.

Place of birth:

Date of arrival in UK (if relevant)/...../.....

List of vaccinations (type of vaccination and date given)

Vaccination	Date

PUPILS JOINING FROM OVERSEAS (both day and boarding)

It is a visa requirement that evidence of TB screening must be provided by all people entering the UK from countries identified as having a ‘High TB incidence’. You can find a list of these countries on the Gov.UK website: www.gov.uk/tb-test-visa/countries-where-you-need-a-tb-test-to-enter-the-uk

If your child is coming from one of the countries listed, please ensure that evidence of TB screening is brought with them when they arrive at Sibford School so that a copy can be held on their file.

I/we hereby declare that the particulars given above are true, correct and complete to the best of my/our knowledge. I confirm that I have given details of all pre-existing medical conditions and details of all treatments, including hospital visits and admissions.

Signed: Parent/Guardian

Print name:.....

Date:

