

MEDICAL QUESTIONNAIRE FOR PARENTS OF NEW PUPILS

SURNAME:

FIRST NAMES:

DATE OF BIRTH:

YEAR OF ENTRY TO POWNALL HALL:

RECORD OF NHS RECOMMENDED IMMUNISATIONS:

TYPE	DATE
Diphtheria,tetanus,whooping cough, polio	
Haemophilus influenza type B (Hib)	
Pneumococcal infection	
Meningitis C	
Measles, mumps, rubella	

PLEASE GIVE DETAILS OF THE FOLLOWING:

Any allergies or sensitivities to food, medication, pets or to insect stings:

Please list any special dietary requirements or food preferences:

Does your child require any special adjustments to be made? Does he or she have a disability or special education need? If so, please describe them briefly:

(We always invite parents of children with a disability to visit before their child joins the Nursery/school, so that we can agree jointly a protocol for the management of his/her condition)

Any chronic or recurring medical conditions needing regular or occasional medication or treatment:

(We always invite parents of children with medical conditions to visit before their child joins the Nursery/school, so that we can agree jointly a protocol for the management of his/her condition)

I/We agree to a school First Aid Officer (named) dispensing the following prescribed medication(s) to my child in accordance with a mutually agreed protocol (which covers the arrangements for the storage and administration of his/her medication:

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(We require your written consent for every prescribed medicine before we can give it to your son or daughter)

History of any serious illnesses or injuries requiring admission to hospital:

Any other conditions that might affect your child in his or her school life, for example ADHD:

Are there any psychological factors that affect your child of which we should be aware?

Does your child have regular dental checks?

Does s/he have any impairment to his/her hearing?
Does your child have any visual impairment or require glasses?
Does your child have any difficulties with speech?
The name, address and telephone number of your family GP:

PLEASE COMPLETE THE FOLLOWING SECTION

CONSENT TO EMERGENCY TREATMENT

I/ We authorise the Headmaster, or an authorised deputy acting on his/her behalf to *consent* on the advice of an appropriately qualified medical specialist *to my/our child receiving emergency medical treatment, including general anaesthetic and surgical procedure* (under the NHS) if the school is unable to contact me/us in time.

Signature of both parents: _____
or Guardian

Date: _____

CONSENT TO GENERAL TREATMENT AND TO FIRST AID

I/We give consent for my/our child receiving all the general health care and first aid services provided at the School under the supervision of a First Aid trained member of staff or a qualified Paediatric First Aider.

He/she may/ may not be given first aid treatment by any qualified member of staff.

*He/she **will not** be given any non-prescribed medicines, (such as Calpol or linctus).*

The School will always inform parents about any injury (however minor), first aid treatment or medication given to a pupil, or if a child develops symptoms of illness or infection at school.

Signature of both parents: _____
or Guardian

Date: _____

Please return the completed form to the school office