

**ST HUGH'S SCHOOL  
CONFIDENTIAL MEDICAL FORM**

Please complete and return to the senior matron

**Pupil's details**

Surname (block letters): .....

Forenames (underline name by which known at home) .....

Date of birth: .....

Nationality: ..... Place of Birth: .....

**Immunisation details**

Please give dates of immunisation against the following:

Diphtheria .....

MCC (meningitis) .....

Tetanus .....

BCG .....

Whooping cough .....

MMR ..... or separate

Hib .....

vaccines – please list:.....

Polio .....

.....

Please give details of existing conditions such as asthma, eczema, hay fever, hearing/sight problems, grommets, fits or convulsions, hyperactivity, behaviour problems.

Please give details of:

Allergies or adverse reactions (including medication).

Psychological problems/special needs.

Surgery or medical investigations.

Has your son/daughter lived overseas? If so, has there been any contact with any tropical diseases?

Is there any feature of your son/daughter's physical or mental health which you feel the school should be aware of?

Is there any reason why your child should not take part in all normal school games and activities:

Yes/No\* (\*delete as appropriate)

If yes, please give details.

Is your child receiving any regular medical treatment?

Yes/No (\*delete as appropriate)

If yes, please give details. It may also be helpful to have a letter from the health professional giving the treatment, outlining your child's conditions and its implications.

Name and address of General Practitioner: .....

.....

..... Tel. no. ....

The school keeps a small stock of medicines, creams, etc, all of which are non-prescription remedies. They are Calpol Infant, Calpol 6 plus, Paracetamol, Glycerine Honey and Lemon, TCP Lozengers, Anthisan, Homeopathic Creams – Arnica and Hypercal. If you are happy for them to do so, authorised school staff will administer these as is necessary and appropriate, according to the stated dose. Please sign the statement below if you are happy to give permission for this.

I give my permission for authorised school staff to administer non-prescription medicines as is thought appropriate and necessary.

Signature of parent .....

In an emergency situation we would always endeavour to make contact with parents or their nominated person in their absence. It is, however, possible that a situation may arise when we need to make urgent decisions on your behalf and we require your permission to do so.

*I/we agree that in emergency where urgent medical/dental/surgical treatment is required and a parent or nominated person cannot be contacted, the school is empowered to give permission for any such treatment.*

Signature of parent or guardian .....

Address .....

.....

Telephone no: .....

Date: .....