MARLBOROUGH HOUSE SCHOOL

MEDICAL FORM

Name in Full: ……

Known as: …… Date of Birth: ……

Religion: …… Date of Entry to MHS: ……

Names and dates of birth of any sibling(s): ……..

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ALL medications to be administered during the school day *must* be taken up to the School Nurse or given to the Pre-Prep Secretary on arrival at school and a consent form is to be signed. Under NO circumstances should any medicines be given to your child to keep or self-administer.
The School Nurse or the Pre-Prep Secretary *must* also be informed of any medication (including pain relief) that you have administered before your child arrives at school.

In the event of your child being taken ill the School Nurse or the Pre-Prep Secretary **will** administer the following medications (as appropriate) unless you indicate your objection(s) below:

Calpol / Paracetamol	No ☐	*Piriton liquid*	No ☐		
Anthisan / Antihistamine cream	No ☐	*Savlon cream*	No ☐	*Arnica cream*	No ☐
Olbas Oil	No ☐	*Travel sickness medication*	No ☐		

In the event of an accident or if your child requires urgent, professional medical treatment and you are not available, the school **will** take your child to hospital for treatment as appropriate. Please consent for us to act in loco parentis and provide your GP's details below:

I agree for school staff to act in *loco parentis* in the event of an emergency

Name …… Signature ……

Relationship to the child …… Date ……

DOCTOR'S DETAILS

Your doctor's name: …… **Telephone No:** ……

Address: ……

…… Postcode: ……

Does your child have any relevant medical information? Yes ☐ No ☐

E.g. asthma ☐, diabetes ☐, epilepsy ☐, eczema ☐

Please give details: ……

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Has your child been prescribed an inhaler by a doctor within the last three years Yes ☐ No ☐

If yes, please give details of type and instructions for use, if they will have it on them in school, etc.

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Please ensure the inhaler is clearly named.

ALLERGIES & DIETARY INFORMATION

Does your child suffer from any FOOD allergies or intolerances? Yes ☐ No ☐

If yes, please give details: ……

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Is your child vegetarian? Yes ☐ No ☐

Does your child suffer from any allergies? Yes ☐ No ☐

If yes, please give details: ……

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Is the allergy severe, requiring rapid medical help? Yes ☐ No ☐

Has he/she been prescribed an Epi Pen/Jext Pen? Yes ☐ No ☐

If yes, please give details of type and instructions for use: ……

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Has he/she had any of the following illnesses?

Chicken Pox Yes ☐ No ☐

Measles Yes ☐ No ☐

German Measles Yes ☐ No ☐

Whooping Cough Yes ☐ No ☐

Scarlet Fever Yes ☐ No ☐

Mumps Yes ☐ No ☐

Any other serious illnesses? Yes ☐ No ☐ If yes, please give details below:

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Does your child wear glasses? Yes ☐ No ☐ Date of most recent sight test: ……..

Reason for prescription: ……

Please give details of any other visual issues: ……..

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Has your child's hearing been tested? Yes ☐ No ☐ Date of most recent test: …….

Result: ……

Please give details of any other hearing issues: ……..

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Has he/she had any operations? Yes ☐ No ☐

If yes, please give details: …….

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Does he/she see a Consultant regularly for any condition(s)? Yes ☐ No ☐

If yes, please give details: ……..

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Has he/she been immunised against these illnesses? If yes, please give dates:

Tetanus	Yes ☐	No ☐	Dates ……
Diphtheria	Yes ☐	No ☐	Dates ……
Polio	Yes ☐	No ☐	Dates ……
Meningitis C	Yes ☐	No ☐	Dates ……
Whooping Cough (Pertussis)	Yes ☐	No ☐	Dates ……
Mumps	Yes ☐	No ☐	Dates ……
Measles	Yes ☐	No ☐	Dates ……
Rubella (German Measles)	Yes ☐	No ☐	Dates ……
Hib	Yes ☐	No ☐	Dates ……
MMR	Yes ☐	No ☐	Dates ……
Meningitis B	Yes ☐	No ☐	Dates ……
Rotavirus vaccine	Yes ☐	No ☐	Dates ……
Pneumococcal Vaccine	Yes ☐	No ☐	Dates ……
Influenza	Yes ☐	No ☐	Dates ……

Any others?……

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Space is provided below for any further information which may be helpful to us concerning your child's health and welfare at School. If there are any matters about which you would prefer to speak directly and confidentially to our Nurse, please do not hesitate to call her on 01580 755127, email her on nurse@marlboroughhouseschool.co.uk or book an appointment to speak in person.

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Emergency Contact Information	
Mother: ……	Father: ……
Home Telephone: ……	Home Telephone: ……
Mobile: ……	Mobile: ……
Work Telephone: ……	Work Telephone: ……

Please provide details of an alternative local contact/s who we may call in the event of an emergency:	
Name: ……	Name: ……
Relationship (friend/relative): ……	Relationship (friend/relative): ……
Home Telephone: ……	Home Telephone: ……
Mobile: ……	Mobile: ……
Work Telephone: ……	Work Telephone: ……

We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this in order to safeguard and promote the welfare of our child.
For further details on how your data is used and stored please visit our website www.marlboroughhouseschool.co.uk to see a copy of our Privacy Notice or request a copy from the Registrar.

Please keep us informed of any changes to the above information. Thank you.

NOTES

If you have any queries, please contact the Registrar, Mrs Emma Houchin on 01580 753555 or by email registrar@marlboroughhouseschool.co.uk. This completed form should be sent, along with any additional attachments to: **Mrs Emma Houchin, Registrar, at the address below.**