



**Medical Questionnaire**

The information provided below will be treated in confidence and is shared by the Health Centre only when necessary

<b>Student Details</b>					
Surname				First name(s)	
Date of Birth		Gender	M / F	Town/Country of Birth	
Home Address					
<b>Parent/Guardian Details</b>					
Parent/Guardian's name				Email Address	
Parent/Guardian's Address					
Home Telephone Number				Mobile Number	
<b>Student's GP Details</b>					
GP Name				Student's NHS Number	
GP Address & Phone Number					

	Immunisation Dates				
	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	Booster 1	Booster 2
BCG (tuberculosis)					
MMR (combined)					
Measles					
Mumps					
Rubella					
HIB					
Diphtheria					
Tetanus					
Polio					
Meningitis C					
Whooping Cough					
Other (please state)					

Has your child had any of the following	Chicken pox - <b>Yes/No</b>	Mumps - <b>Yes/No</b>	Measles - <b>Yes/No</b>
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It is expected that **full and weekly** boarders will be registered with the School Doctor. Please be advised that by registering your child with the School Doctor that this will transfer their GP notes. If you are unclear of the implications of this, please contact the Health Centre. Please mark the box if you **do not** wish your child to be registered with School Doctor.

Does your child suffer from any of the following?  
If Yes please complete additional forms stated

<p>Asthma - <b>Yes / No</b> Peak Flow (if known) <b>Please complete form (3, 3a, 3b)</b></p>
<p>Diabetes - <b>Yes / No</b> <b>Please complete form (7, 7a)</b></p>
<p>Epilepsy - <b>Yes / No</b> <b>Please complete form (7)</b></p>
<p>Allergies - <b>Yes / No</b> - If yes, please briefly state: _____ <b>Please complete form (1)</b></p>
<p>Does your child carry an Adrenaline Pen - <b>Yes / No</b> <b>Please complete form (1a, 1b)</b></p>
<p>Does your child have a learning difficulty (e.g. ADHD)? <b>Yes / No</b> - If yes please briefly state: _____ <b>Please complete form (5, 5a)</b></p>
<p>Please state below any current or previous medical conditions or important information relating to your child's health, including any mental health concerns:</p>

<b>Additional Questions</b>	
Does your child suffer from vision or hearing impairment?	<b>Yes / No</b>
If Yes please give details	
Do you know of any reason as to why your child may not be able to participate in all aspects of School life? E.g. sport	<b>Yes / No</b>
If Yes please give details	

<b>Private Health Care Insurance details</b>			
Does your child have Health Care Insurance	<b>Yes / No</b>	Is this a School provided scheme?	<b>Yes / No</b>
Policy Number		If yes, Insurance Company name	

In cases of emergency, although every effort will be made to obtain parental consent to any clinical procedure or administration of any medication, or to any other treatment considered necessary for the protection of the child's health, the Principal (or someone appointed by her) will act in loco parentis. By signing this form parents/guardians verify the information given on this form, consisting of 3 pages, is true and complete and give the School permission to administer essential first aid and appropriate non-prescription medication. The School Health Centre team can also administer emergency life-saving drugs under their own guidelines and protocols. Parents/guardians have a duty to inform the Health Centre in a timely manner of any change in information contained on this form.

<b>I have read and accept the above statement</b>	<b>Signature of Parent/Guardian</b>	
	<b>Date</b>	

**Please return completed forms to:**

The Health Centre, New Hall School, The Avenue, Boreham, Chelmsford, Essex CM3 3HS or by email via [healthcentre@newhallschool.co.uk](mailto:healthcentre@newhallschool.co.uk)

