



PRE-PREP HEALTH QUESTIONNAIRE

Please complete and return to Christine Berry by Monday 29 June 2020.

All information you give about your son is **confidential** and seen only by Sister and shared with the School Doctor where necessary. Please attach additional sheets, copies of immunisation records and letters from specialists where appropriate.

NAME: **DATE OF BIRTH:**

ENTRY YEAR: **MICHAELMAS TERM 2020**

A. General

1. Does your son currently suffer from any continuing health problems (including physical, psychological or behavioural issues)? Please give details of any treatment and current medicines taken.

2. Has your son seen a specialist or counsellor for any physical or emotional health issues? If so, please give details, including the specialist's name and address.

3. Has your son had any serious illness, accidents or operations in the past? Please list, with dates.

4. Please give details of any sensitivities, allergies or intolerances to medicines, foods or otherwise (e.g. hay fever, wasp/bee stings etc) and any medication or special precautions required whilst at boarding school.

5. Please state if your son has been prescribed an adrenalin pen (Epipen) and provide a copy of the emergency care plan.

6. Do you have any concerns regarding your son's vision or hearing? Please state if he wears glasses and when his eyes were last tested.

7. Does your son have any night time difficulties, e.g. bed wetting, sleepwalking? Please give details if appropriate.

8. Is there any other information relating to your son's health and well-being that you would like to bring to the attention of the School Doctor or Sister?

9. Place of your son's birth:

10. Details of current GP:

NHS or Private:

Name:

Address:

Telephone No:

11. Please state your son's NHS number if registered in the UK:

NAME:

B. Infectious Diseases and Immunisations

1. Has your son had:

	Yes/No	Date/Details
Chicken Pox		
Measles		
Mumps		
Whooping Cough		
Any other significant infectious disease		

2. The UK Department of Health recommends the following childhood immunisation schedule. Please complete the table indicating the dates of your son's routine immunisations, together with details of any additional immunisations given.

3.

Age Usually Given	Immunisation	Actual Date given
3 times in First Year of Life	Diphtheria / Tetanus / Polio (IPV)/ Pertussis (Whooping Cough) , Haemophilus Influenza B (Hib)	1.
		2.
		3.
2 times in First Year of Life	Meningococcal C (MenC)	1.
		2.
12 – 13 Months	Haemophilus influenzae B (Hib) and Meningococcal C (MenC) booster	
3 times in 13 months of life	Pneumococcal (PCV)	1.
		2.
		3.
12-13 months	Measles/Mumps/Rubella (MMR 1)	1.
	Pre-School Measles/Mumps/Rubella (MMR 2)	2.
2 times in first year from 2013	Rotavirus	1.
		2.
Pre-School DTP	Diphtheria/Tetanus/Polio (IPV)/ Pertussis (Whooping Cough) (4 in 1)	
Additional immunisations (e.g. BCG, Hepatitis A & B, Typhoid, Chickenpox and flu vaccine)		
1 _____	Date	____/____/____
2 _____	Date	____/____/____
3 _____	Date	____/____/____
4 _____	Date	____/____/____
5 _____	Date	____/____/____
6 _____	Date	____/____/____

C. Consent for Medical Treatment in an Emergency:

In the event that my child requires medical, surgical or emergency treatment and I cannot be present to sign the consent form myself, I give my general consent to any medical or surgical treatment necessary and authorise the school representative (Headmaster, Head of the Pre-Prep, Teaching Staff and Nursing Staff) to sign any document required by the hospital authorities for such purposes.

I also authorise delegated members of staff to administer relevant non-prescription medications and treatments as agreed by the School Doctor under the direction of Sister.*

I also give consent for my son to be examined during school medical assessments by Sister and the School Doctor.

Signed:

Relationship:

Date:

Please note that medication prescribed for your child by the School Doctor will be sent to the Pharmacy nominated by Summer Fields School for our pupils. If you wish to opt out of this arrangement please tick here

*A list of limited non-prescription medications agreed by the School Doctor and policy for their use is available from the school.

Please ensure that you have read both the attached Summary of Medical Regulations for Summer Fields and the School Medical Care Policy on the school website. If you have any questions, please contact Hobsons, 01865 459216.

Maggie Boardman
Head Sister

May 2020