

**Confidential**

## Medical Record Form – Day Pupils

**This form must be returned  
to the Medical Centre as soon  
as possible.**

Eastbourne College Medical Centre  
6 Carlisle Road, Eastbourne, East Sussex BN20 7BL  
01323 452345  
medical@eastbourne-college.co.uk

### ALLERGIES / SPECIAL NEEDS:

(This box for Medical Centre use only)

.....

.....

.....

### Contact details

Surname of your child (in block capitals):  .....	First names:  ..... Preferred name:  .....
Date of birth:  Day ..... Month ..... Year .....	House:  .....

Name and address of last doctor  
.....  
.....  
.....  
..... Post code: ..... Telephone: .....

Full name of <u>emergency</u> contact: Title: Mr / Mrs / Ms / Miss / Dr / Other .....	Daytime telephone: .....
..... Relationship to child:.....	Evening telephone: .....
	Mobile telephone: .....

Full name of routine contact: Title: Mr / Mrs / Ms / Miss / Dr / Other .....	Daytime telephone: .....
..... Relationship to child:.....	Evening telephone: .....
Marital status .....	Mobile telephone: .....
	Email: .....

Main postal address:.....  
..... Post code:.....

## Medical history

Does your child suffer from any of the following (please tick as appropriate and give details of treatment, medication and severity).

Details:

Allergies <input type="checkbox"/>	.....
Diabetes <input type="checkbox"/>	.....
Asthma <input type="checkbox"/>	.....
Eczema (or other skin conditions) <input type="checkbox"/>	.....
Epilepsy <input type="checkbox"/>	.....
Hay fever <input type="checkbox"/>	.....
Regular sore throat or ear problems <input type="checkbox"/>	.....
Vision/hearing problems <input type="checkbox"/>	.....
Dental problems <input type="checkbox"/>	.....
Any other relevant information (e.g. hospital admissions, congenital abnormalities, eating problems, emotional concerns, etc). Continue on separate sheet if needed.	..... .....

## Emotional wellbeing

Relationship difficulties <input type="checkbox"/>	.....
Low mood issues <input type="checkbox"/>	.....
Eating issues <input type="checkbox"/>	.....
Self-harming <input type="checkbox"/>	.....
Any other relevant information (e.g. hospital admissions, congenital abnormalities, medical conditions). Continue on separate sheet if needed.	..... .....

Has your child suffered from any of the following (please tick as appropriate and give approximate dates).

Dates:

Measles <input type="checkbox"/>	.....
Chicken pox <input type="checkbox"/>	.....
Whooping cough <input type="checkbox"/>	.....
Mumps <input type="checkbox"/>	.....
Glandular fever <input type="checkbox"/>	.....
Appendectomy <input type="checkbox"/>	.....

## Immunisation history

(D.O.H guidelines Spring 2016 UK)

Please tick as appropriate and give approximate dates.

Age Due	Diseases Protected Against	Vaccine Given	Date
Eight weeks old	<input type="checkbox"/> Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib	.....
	<input type="checkbox"/> Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	.....
	<input type="checkbox"/> Meningococcal group B (MenB) <sup>2</sup>	MenB <sup>2</sup>	.....
	<input type="checkbox"/> Rotavirus gastroenteritis	Rotavirus	.....
Twelve weeks	<input type="checkbox"/> Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	.....
	<input type="checkbox"/> Meningococcal group C (MenC) Rotavirus	MenC	.....
	<input type="checkbox"/> Other (please specify)	Rotavirus	.....
Sixteen weeks old	<input type="checkbox"/> Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	.....
	<input type="checkbox"/> MenB <sup>2</sup>	MenB <sup>2</sup>	.....
	<input type="checkbox"/> Pneumococcal (13 serotypes)	PCV	.....
One year old	<input type="checkbox"/> Hib and MenC	Hib/MenC booster	.....
	<input type="checkbox"/> Pneumococcal (13 serotypes)	PCV booster	.....
	<input type="checkbox"/> Measles, mumps and rubella (German measles)	MMR	.....
	<input type="checkbox"/> MenB <sup>2</sup>	MenB booster <sup>2</sup>	.....
Two to six years old (including children in school years 1 and 2)	<input type="checkbox"/> Influenza (each year from September)	Live attenuated influenza vaccine LAIV4	.....
Three years four months old	<input type="checkbox"/> Diphtheria, tetanus, pertussis and polio	DTaP/IPV	.....
	<input type="checkbox"/> Measles, mumps and rubella	MMR (check first dose given)	.....
Girls aged 12 to 13 years	<input type="checkbox"/> Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6–24 months apart)	.....
Fourteen years old (school year 9)	<input type="checkbox"/> Tetanus, diphtheria and polio	Td/IPV (check MMR status)	.....
	<input type="checkbox"/> Meningococcal groups A, C, W and Y disease	MenACWY	.....
	<input type="checkbox"/> BCG (tuberculosis)		.....
	<input type="checkbox"/> Hepatitis 'A'		.....
	<input type="checkbox"/> Hepatitis 'B'		.....
	<input type="checkbox"/> Typhoid		.....
	<input type="checkbox"/> Yellow Fever		.....
	<input type="checkbox"/> Other (please specify)		

<sup>2</sup> Only for infants born on or after 1 May 2015

Are there any reasons why your child cannot take part in normal school activities? Yes  No

If YES, please give details: .....

.....

.....

**Please note:**

All pupils will be invited to attend a medical appointment with the nursing staff. This will include routine screening of height, weight, blood pressure, hearing and a simple test for protein and sugar. There will be an opportunity at this time for the pupil to discuss any health concerns.

All routine treatments and immunisations (including travel) must be carried out by your registered GP. The exception is annual ‘flu vaccines (if consent is given by completing the ‘flu immunisation consent form) and BCG testing/vaccination, when it is part of the NHS program.

**Please read the following and give your consent or otherwise:**

I consent to my child being given appropriate treatment or medication by the medical or nursing staff at Eastbourne College in the event of illness or injury. Yes  No

I consent to my child having a routine medical examination by the school medical officer and nursing staff. Yes  No

If withholding consent for any of the previous points, please give details here: .....

.....

.....

**Information such as allergies and illnesses**

Information such as allergies and illnesses will need to be shared with your child’s matron. Very personal medical details will not be shared with matrons. Please contact the Medical Centre directly with any concerns.

**Medication**

If a pupil is on medication when they first come to the College, or if they are prescribed medication during a College vacation, it is essential that the medical officer is informed in writing, so that such medication may be continued, monitored, terminated and generally supervised as appropriate.

Parents must inform the Medical Centre in writing if the pupil develops any known medical condition, health problem or allergy during their time at the College.

Please feel free to contact the nursing staff at the Medical Centre, at any time, about your child’s health.

<b>Declaration</b>	
I confirm that the information on this form is correct and that I have disclosed all relevant information that might affect my child’s health and welfare at Eastbourne College.	
Parent signature: .....	Printed name in full: .....
Relationship to the child: .....	Date: .....