



Health Questionnaire 2010

Would all parents please complete and return this form to the School Secretary, along with your child's medical card if they are a boarder. The school doctor will need to know this information if she should need to treat your child.

First Name:.....Surname.....

Religion Nationality

Date of BirthPlace of Birth

NHS NumberFirst Language

Blood GroupDoctor

Doctors contact details

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The school doctor is Dr G Tasker, Magnolia House, Ascot.

Medical History	Please complete the box below
Any current conditions requiring medical treatment, including medication? Prescribed medication:	
Any pupil with asthma is responsible for their own inhalers, a spare one should be kept in the office.	My child is asthmatic Has own inhaler <input type="checkbox"/> Carries inhaler inhaler in office <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Type of Inhaler:	
Does your child need to be hospitalised if having attack?	
Please outline any special dietary requirements of your child.	
Is you son/daughter allergic to medication (plasters, creams, stings, penicillin, pets)? If yes, please specify:	
Previous Serious illnesses, injuries or operations.	
Childhood fevers with dates and any other relevant details:	
Recurrent problems (earache, tonsillitis, cough, etc)	
Are there any psychological factors that affect your child we should be aware of?	
Details of any disability (eyesight, hearing ,etc)	

Special Needs, ie ADHD, Dyslexia, etc Has a specialist report been compiled? Does the school have a copy of the report?	
Family history of illness, asthma, diabetes, etc	
Is your child covered by a private medical scheme?	
Does your child have regular dental checks? Does he/she wear a dental appliance?	
Does he/she wear glasses?	
Has your child lived abroad recently?	
Contact telephone numbers:	Mother/Father/Guardian Work Home
Alternative emergency contact:	Name Relationship Tel Number
Medical Consent	
CONSENT TO GENERAL TREATMENT AND TO FIRST AID I/We give consent for my/our child receiving all the general health care and first aid services provided at the School under the supervision of any first aid qualified member of staff. I/We would like/do not want to be informed about every treatment given	Signature of both parents or guardian: Date:
CONSENT TO EMERGENCY TREATMENT I/ We authorise the Principal, or an authorised deputy acting on her behalf to <i>consent</i> on the advice of an appropriately qualified medical specialist to my/our child receiving emergency medical treatment, including general anaesthetic and surgical procedure [under the NHS, if the school is unable to contact me/us in time.	Signature of both parents or guardian: Date:

NB Medicines should be provided in the original container, as dispensed by a pharmacist and include the prescriber's instructions for administration. Pupils will not be given non-prescribed medicine unless there is prior written permission from the parents.