



# Scarborough College

Medical Centre  
Scarborough College  
Filey Road  
SCARBOROUGH  
North Yorkshire  
YO11 3BA

Tel: 01723 380604

June 2016

Dear Parent/Guardian

## **CONFIDENTIAL HEALTH QUESTIONNAIRE FOR BOARDING PUPILS**

Welcome to the school health service.

Our aim for the school based service is to work in partnership with pupils, parents and teachers to improve and maintain the health and well-being of all pupils, enabling them to reach their full potential. Currently, the service offers health advice to pupils and parents, co-ordination of first aid provision, support for pupils with medical conditions and health promotion. Further information, guidance and all policies can be obtained from the school website at [www.scarboroughcollege.co.uk](http://www.scarboroughcollege.co.uk) or upon request from the Medical Centre.

We have enclosed a confidential health questionnaire which we would be grateful if you could complete and return in the envelope provided no later than two weeks before the first day of term. All information will be treated confidentially. Please note that, if your child requires regular medication, or has a medical condition requiring emergency medication, this will need to be brought to the Medical Centre on first day of term. If your child brings any over the counter, or homely remedies to the boarding house, these should be brought to the medical centre so that the nurses can provide the relevant paperwork to allow your child to self administer.

We hope you find this service of value.

Yours sincerely

**Linda Pinkney/Gabrielle Askew**  
**Healthcare Practitioners**



## SCARBOROUGH COLLEGE

### CONFIDENTIAL HEALTH QUESTIONNAIRE FOR BOARDING PUPILS

Pupil's Surname: \_\_\_\_\_ Pupil's Forename(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: Male/Female NHS Number: \_\_\_\_\_

#### FAMILY DOCTOR

|                   |  |
|-------------------|--|
| Name:             |  |
| Address:          |  |
|                   |  |
|                   |  |
|                   |  |
| Post Code:        |  |
| Telephone Number: |  |

#### FAMILY MEDICAL HISTORY (PARENTS, BROTHERS, SISTERS)

Does your child have any problems with the following:-

|                                  | Yes/<br>No | Treatment | Hospital/<br>Consultant |
|----------------------------------|------------|-----------|-------------------------|
| Allergies                        |            |           |                         |
| Anaphylaxis                      |            |           |                         |
| Asthma                           |            |           |                         |
| Cystic Fibrosis                  |            |           |                         |
| Diabetes                         |            |           |                         |
| Disability                       |            |           |                         |
| Epilepsy                         |            |           |                         |
| Heart Condition                  |            |           |                         |
| Psychological/Emotional Problems |            |           |                         |

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## IMMUNISATIONS

|   | Yes | No | Dates Given |
|---|-----|----|-------------|
| <ul style="list-style-type: none"> <li>■ Diphtheria, Tetanus, Pertussis, Polio, Hib. 1 injection</li> <li>■ Pneumonia (2 months)</li> </ul>   |     |    |             |
| <ul style="list-style-type: none"> <li>■ 5-in-1 2<sup>nd</sup> dose</li> <li>■ Meningitis C (3 months)</li> </ul>   |     |    |             |
| <ul style="list-style-type: none"> <li>■ 5-in-1 3<sup>rd</sup> dose</li> <li>■ Pneumonia 2<sup>nd</sup> dose, and</li> <li>■ Meningitis C 2<sup>nd</sup> dose. (4 months)</li> </ul>  |     |    |             |
| <ul style="list-style-type: none"> <li>■ Meningitis C 3<sup>rd</sup> dose, and</li> <li>■ Hib 4<sup>th</sup> dose ( 12 months)</li> </ul>   |     |    |             |
| <ul style="list-style-type: none"> <li>■ MMR (Measles, Mumps, Rubella) 1 injection</li> <li>■ Pneumonia 3<sup>rd</sup> dose. ( 13 months)</li> </ul>  |     |    |             |
| <ul style="list-style-type: none"> <li>■ Diphtheria, Tetanus, Pertussis and Polio</li> <li>■ Pre-school booster ( 4-5 years)</li> </ul>   |     |    |             |
| <ul style="list-style-type: none"> <li>■ Hepatitis A</li> </ul>   |     |    |             |
| <ul style="list-style-type: none"> <li>■ Typhoid</li> </ul>   |     |    |             |
| <ul style="list-style-type: none"> <li>■ Tetanus/Diphtheria/Polio (Td/IPV) booster</li> <li>■ (13/18 years)</li> </ul>  |     |    |             |
| <ul style="list-style-type: none"> <li>■ Tuberculosis (BCG)</li> <li>■ (Proof of this will be required for pupils from overseas)</li> </ul>   |     |    |             |
| <ul style="list-style-type: none"> <li>■ Human Papillomavirus (HPV), girls only, three injections</li> <li>■ HPV 1<sup>st</sup> dose</li> <li>■ HPV 2<sup>nd</sup> dose</li> <li>■ HPV 3<sup>rd</sup> dose (12-13 years)</li> </ul> |     |    |             |
| <ul style="list-style-type: none"> <li>■ Any other vaccinations, e.g. Yellow Fever, Hepatitis B, Rabies</li> </ul>  |     |    |             |

**Please provide a copy of your child's immunisation record.** It is recommended your child is immunised as per the Department of Health routine childhood immunisation schedule, and he/she may be required to have these immunisations if they are incomplete. For information of the NHS routine childhood immunisation schedule please see: [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk)

**INFECTIOUS DISEASES**

Please give details of any known exposure to active pulmonary tuberculosis.

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**Has your child had any of the following diseases?**

|                          |        |                            |        |
|--------------------------|--------|----------------------------|--------|
| Measles                  | Yes/No | Whooping Cough (Pertussis) | Yes/No |
| Mumps                    | Yes/No | Chicken Pox                | Yes/No |
| German Measles (Rubella) | Yes/No | Scarlet Fever              | Yes/No |

Tropical diseases (please state):-

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Does your child attend a dentist regularly? Yes/No

Please give details of any other illness, operation, hospital investigation, injury or congenital condition/disability:-

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Please give details of any regular medication your child is taking:-

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What do you think are your child's most important health needs/problems (if any)?

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Does your child have any dietary requirements:-

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Is there any matter you would like to discuss with the school nurse? Yes/No

Please give details:-

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**PARENTAL CONSENT**

The following form provides basic medical information about your child which is required for educational trips and visits. It also provides a single, generic consent for each trip your child participates in. Please complete and return to College Reception as soon as possible.

If you do **not** wish to complete the form and wish to complete a separate form for every trip, please indicate below.

**I DO NOT** wish to give generic consent for all trips and visits.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

|                            |
|----------------------------|
| Name of Student:           |
| Student's Date of Birth:   |
| Emergency Contact Details: |
| Contact 1: _____           |
| Contact 2: _____           |
| Contact 3: _____           |

As a general rule, only paracetamol will be administered for pain relief, and basic first aid administered.

It is however, sometimes more appropriate to administer a different medication, depending on the nature of the complaint.

Can you please indicate which of these medications you are happy for the medical staff to administer:-

|                            |        |
|----------------------------|--------|
| Paracetamol                | Yes/No |
| Ibuprofen                  | Yes/No |
| Dequadin throat Lozenges   | Yes/No |
| Cetirizine (antihistamine) | Yes/No |
| Simple Linctus cough syrup | Yes/No |
| Rennies                    | Yes/No |
| Gaviscon                   | Yes/No |

### Homely Remedies:-

The medical centre also stock several homely remedies. These are all non-medicinal and used to ease minor complaints. Can you indicate which of these you are happy to be administered:-

|   |        |
|---|--------|
| Menthol cough sweets                              | Yes/No |
| Arnica cream, for bruises                         | Yes/No |
| Anthisan insect bite cream                        | Yes/No |
| Olbas oil, inhalant decongestant                  | Yes/No |
| Bonjela   | Yes/No |
| Dioralyte, replacement water and body salts       | Yes/No |
| Sun Cream Spf 50 hypoallergenic for them to apply | Yes/No |

I agree to the medical centre administering the medication listed above, and understand the medical centre will contact me in case of emergency.

If your child has an accident or becomes unwell, initial treatment will be given by the Healthcare Practitioner/boarding staff or first aid trained staff. In case of necessity, your child will receive NHS medical attention.

If your child requires special medical treatment, every effort will be made to obtain prior consent from you as the parent/guardian, or the child if aged 16 or over. Should this be impossible in the time available, the Head or his/her Deputy, acting in **loco parentis**, is authorised to give consent to treatment (including anaesthetic or operation).

I agree for my child to have regular health checks as required or recommended by the Healthcare Practitioner or school doctor. Individual consent will be sought for immunisations that are considered advisable by the North Yorkshire and York PCT or School Doctor.

Throughout your child's time at the school, the School Doctor/Healthcare Practitioner shall have unlimited right to share confidential information with relevant teaching staff, health professionals or other agencies that they consider is in your child's best interest or is necessary for the health and protection of other members of the school community.

I agree for my child to be registered with the School Doctor at Falsgrave Surgery, and for them to hold a Summary Care Record for my child.

This consent is valid throughout your child's school years; however, you may withdraw your consent in writing at any stage.

Any other medication, whether prescription or over the counter medicines brought to school and need to be taken in school time should be brought to Reception, where the school nurse will ask you to sign a Form 3a.

### ADMINISTRATION OF MEDICATION

For safety, pupils **are not allowed their own supply of medicines** unless prior permission is given by the Healthcare Practitioner and a consent form is completed, available from the Medical Centre. Our School Doctor has approved a limited list of non-prescription medicines to be given by the Health Care Practitioner/boarding staff when required by pupils with minor ailments; according to an agreed protocol. If your child is taking a short term course of medication, then these can be taken at school if **Form 3a**, available from the Healthcare Practitioner and is completed. If medication is prescribed during term time, the school will act as loco parentis to administer this medication and parents will be informed as soon as possible. All prescribed medication should be taken with supervision by the Healthcare Practitioner and/or boarding staff. If your child has a medical condition that requires regular or emergency medication in school, please see the Healthcare Practitioner.

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Further information, guidance and school policy on administration of medication can be obtained upon request from the Medical Centre or viewed via the school website [www.scarboroughcollege.co.uk](http://www.scarboroughcollege.co.uk).

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**I have read and understood the above information and understand that, if my child's medical circumstances change during their time at Scarborough College, I must inform the Medical Centre.**

**Please note that failure to submit this form will result in the named student overleaf not being able to receive medical treatment or medication.**