



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 DAY 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 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.

We hope you find this service of value.

Yours sincerely

Linda Pinkney/Gabrielle Askew
Healthcare Practitioners



SCARBOROUGH COLLEGE
CONFIDENTIAL HEALTH QUESTIONNAIRE FOR DAY 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:	

HEALTH

Does your child have any of the following:-

	Yes/ No	Treatment	Hospital/ Consultant
Allergies			
Anaphylaxis			
Asthma			
Cystic Fibrosis			
Diabetes			
Disability			
Epilepsy			
Heart Condition			
Psychological/Emotional Problems			

Continued

FAMILY MEDICAL HISTORY

Please give details of any illness, operation or hospital investigation, injury, congenital condition or disability. If not please state none.

Please give dates of your child's last tetanus injection.

Does your child have colour vision deficiency? Please give details, or if none, please state none.

Does your child have a hearing deficiency? Please give details, or if none, please state none.

Has your child had any of the following diseases?

Measles	Yes/No	Tuberculosis (TB)	Yes/No
Mumps	Yes/No	Chicken Pox	Yes/No
German Measles (Rubella)	Yes/No	Scarlet Fever	Yes/No
Whooping Cough (Pertussis)	Yes/No	Tropical Diseases	Yes/No
Does your child attend a dentist regularly?	Yes/No		
Is your child currently having orthodontic treatment?	Yes/No		
Does your child wear spectacles?	Yes/No	Long Sighted/Short Sighted	
Does your child have private health care?	Yes/No		

Please give details of any regular medication your child is taking.

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

Does your child have any dietary requirements:-

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/ first aid trained or other members of staff. In case of necessity, your child will receive NHS medical attention.

I agree that my son/daughter may be given appropriate non-prescription medicine for minor ailments and prescribed medications if required by the Healthcare Practitioner/boarding and other members of staff.

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.

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

Our School Doctor has approved a limited list of non-prescription medicines such as, paracetamol, ibuprofen, antihistamines, antacids, cough linctus, throat lozenges, to be given by the Health Care Practitioner when required by pupils with minor ailments such as headache, allergies, stomach-ache, coughs and colds; according to an agreed protocol. They can only be given to pupils if consent has been received from parents. **Pupils are NOT permitted to bring their own medication into school (Department of Health guidance).** If your child has a medical condition that requires regular or emergency medication in school, please see the Healthcare Practitioner.

If your child is taking short term courses of medication such as antibiotics, antihistamines, eye drops, ointments, then these can be taken at school if a Form 3a (available at Reception) and is completed by the parents. This medication should be taken with supervision by the Healthcare Practitioner.

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.

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.