



MEDICAL RECORDS FORM

All welfare notes will be held at the School Medical Centre. It is essential that ALL day and boarding pupils' medical records are kept up-to-date. This is a legal requirement that a medical welfare file remains at school with the pupil throughout their school life.

It is important that the School Medical Officer is aware of the medical history of your child including details of previous illnesses, vaccinations and immunisations that have been given.

Please complete this form and return immediately to the Registry Team by email: enquiries@rossall.org.uk or by fax to: +44 1253 772052.

Family Name:	
Student's Name:	
Date of Birth:	
Country of Birth:	
Present Country of Residence:	
Doctor's Name:	
Doctor's Address:	
Doctor's Telephone Number:	

1. Please give details below of any serious illnesses, accidents or operations that your child has had in the past, stating the date:

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2. Has your child been diagnosed with Asthma, Diabetes or Epilepsy?

YES

NO

Please give details below including age of diagnosis:

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3. Does your child need an asthma inhaler?

YES

NO

If yes, please provide details below:

Name:	
Dose:	
Times of Administration:	

4. Please indicate below any allergies that your child may have e.g. a nut allergy, latex allergy, hay fever, drug allergies or dietary allergies:

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5. Please tick if your child has had any of the following illnesses and state the year they occurred:

Chicken Pox			Tuberculosis (TB)		
Whooping Cough			Mumps		
Measles			German Measles		
Hepatitis (please specify)			Infantile Paralysis (Polio)		
Glandular Fever			Meningitis or Encephalitis		
Rheumatic Fever or Scarlet Fever			Eczema		
Problems with bed wetting			Major dental problems		
Problems with vision or hearing					

6. Has your child received a vaccination in the last 12 months?

YES

NO

If so, please give details:

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7. Please detail below any special needs that your child may have, e.g. learning difficulties (please specify), social difficulties or any disability etc.

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Glasses/Contact Lenses

Boarders who wear glasses should bring a copy of their prescription to school and hand it to the School Nurses. They must bring a spare pair of glasses with them for use in case of loss or damage. Pupils who wear contact lenses must bring a spare pair of glasses to use in case a lens is lost or there is an eye injury or irritation. Protective eye wear should be used for squash and fives.

Mouth Guards

It is essential that all pupils involved in contact sports wear mouth guards. The pupil's own dentist should be able to supply these, however, hot-mould mouth guards are available from the Ros Shop.

Consent 1

I understand that in an emergency every effort will be made to obtain my consent to an operation, administration of an anaesthetic and to emergency dental work but if this proves impossible, I hereby authorise the Head or Houseparents in loco parentis to make the decision.

Parent's Signature:	
Date:	

Consent 2

I hereby give my consent for the School Nurse and/or House Staff to give medication to my child e.g. Paracetamol, Calpol, Cough Linctus, and for First Aid to be applied by staff should the need arise. For day pupils, the School Nurse will make every effort to contact parents first.

Parent's Signature:	
Date:	

IMMUNISATION HISTORY



Name:	
Date of Birth:	

Please indicate below the dates your child's immunisations took place, if applicable.

If there is any uncertainty about this, please contact your Doctor for a printout summary of your child's medical history.

Please be aware that immunisation information will be shared with Blackpool Teaching Hospitals NHS Foundation Trust to ensure your child is only offered the appropriate immunisations.

IMMUNISATION	DATE GIVEN	GIVEN BY	USUAL AGE GIVEN
BCG			Birth to 12 weeks
Primary Immunisation:			
1st Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Pneumococcal Conjugate (PCV), Rotavirus (please delete as applicable)			8 weeks of age
2nd Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C, Rotavirus (please delete as applicable)			12 weeks of age
3rd Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Pneumococcal Conjugate (PCV) (please delete as applicable)			16 weeks of age
MMR (Measles, Mumps & Rubella) Hib, Meningitis C, Pneumococcal Conjugate (PCV)			
Single dose of: Measles, Mumps, Rubella (please delete as applicable)			13 months of age
Pre-School Booster			
Diphtheria, Tetanus, Whooping Cough, Polio			3.5 to 4 years of age
Second dose of MMR			
HPV (Human Papilloma Virus) - <i>Girls only</i>			
1st Dose			
2nd Dose			
Others:			
Influenza - given yearly via nasal spray or injection			12 to 13 years of age
Hepatitis A			
Hepatitis B			
Typhoid			
Yellow Fever			
Diphtheria			
Tetanus			
Polio			
Meningitis C			14 to 15 years of age