

GLENDOWER PREPARATORY SCHOOL

MEDICAL QUESTIONNAIRE FOR PARENTS OF PUPILS

SURNAME:	FIRST NAMES:
DATE OF BIRTH:	YEAR OF ENTRY TO SCHOOL:
Emergency Contacts	
Primary Parent Contact:	Secondary Parent Contact:
Phone Home:	Phone Home:
Mobile:	Mobile:
Work:	Work:
Email:	Email:
Nanny/Carer Contact details:	
Name:	
Relationship/Position:	
Phone Home:	
Mobile:	
Work:	
Email:	
RECORD OF IMMUNISATIONS:	

TYPE	DATE
Diphtheria,tetanus,whooping cough, polio	
Haemophilus influenza type B (Hib)	
Pneumococcal infection	
Meningitis C	
Measles, Mumps, rubella	
(Girls only) Cervical cancer	
Heaf Test	
BCG	

PLEASE GIVE DETAILS OF THE FOLLOWING
Any allergies or sensitivities to food, medication, pets or to insect stings:
Any chronic or recurring medical conditions needing regular or occasional medication or treatment:
History of any serious illnesses or injuries requiring admission to hospital:
Any other conditions that might affect your child in his or her school life:
Are there any psychological factors that affect your child of which we should be aware?
Does your child have regular dental checks?  Does he/she wear a dental appliance?
Does your child have regular eye tests?  Does your child require glasses?
Do you have private medical insurance?
The name, address and telephone number of your child's GP:

PLEASE COMPLETE THE FOLLOWING SECTION

### CONSENT TO EMERGENCY TREATMENT

I/ We authorise the Head Mistress, or an authorised deputy acting on her behalf to *consent* 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]/[privately, either at our expense, or under our private medical insurance cover] if the school is unable to contact me/us time.

Signature of both parents:  
or Guardian

Date:

### 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 the qualified School First Aiders.  
she may/ may not be given first aid treatment by any qualified member of staff.

Signature of both parents  
or Guardian

Date: