

Health History Form

Pupil's Details

Please complete this form in block capitals

Surname

First Names

Male/Female (please delete as appropriate) Day/Boarder (please delete as appropriate)

House Date of Birth Place of Birth

NHS No Previous GP/Practice Name

All boarders should be registered with the School Medical Officers, Dr Ben Burgess or Dr Katie Owles, who are GPs at The Swan Practice in Buckingham, www.theswanpractice.co.uk. Please complete an [NHS GMS1 form](#), available from the Stowe [website](#), and send with this form.

Day pupils can be registered with The Swan Practice if they live within the practice area. If they remain registered elsewhere then the School doctor can only consult with them for emergencies.

Vaccinations

We expect **ALL pupils** to have been vaccinated as per the current UK NHS schedule as below. It is important to protect your child from preventable infection but also to protect the whole School, particularly vulnerable pupils, with a high "community immunity" against outbreaks of infectious disease.

If they have not received the full schedule we will contact you about arranging free booster doses provided by the NHS. Your child should have had the following vaccines:

2 months old	Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza	1 injection
	(DTaP/IPV/Hib)	
	Pneumococcal (PCV)	1 injection
3 months old	Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza	1 injection
	(DTaP/IPV/Hib)	
	Meningitis C (MenC)	1 injection
4 months old	Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza	1 injection
	(DTaP/IPV/Hib)	
	Pneumococcal (PCV)	1 injection
Between 12 and 13 months	Meningitis C (MenC)	1 injection
	Hib/MenC booster	1 injection
	Measles, mumps, rubella (MMR)	1 injection
3 years and 4 months	Pneumococcal (PCV)	1 injection
	Diphtheria, Tetanus, Pertussis, Polio (DTaP/IPV)	1 injection
Girls only 12-13 years	Measles, mumps, rubella (MMR)	1 injection
	Cervical cancer caused by human papilloma virus type 16 and 18 (HPV)	2 injections

Please attach a print out or photocopy of your child's vaccination history

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Past Medical History

Please note: this is the **only** information we will have until the previous NHS records arrive.

Please give names and addresses of specialists or therapists where necessary.

Please feel free to contact the School Doctor if you wish to discuss anything in detail at medical@stowe.co.uk

Is your child currently under follow up from your GP or any specialist or therapist? **YES/NO**

Has your child undergone such follow up in the past? **YES/NO**

Has your child ever been admitted to hospital? **YES/NO**

Please give **full details** if you have answer YES to the above questions, on a separate sheet if necessary.

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Is your child taking any medications? These could be prescribed or over-the-counter. Please list, even if only used occasionally. Please give drug name, dose and reason for taking.

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Is your child allergic to any medicines? **YES/NO**

Is your child allergic to anything else? **YES/NO**

Does your child need to carry injectable adrenaline? **YES/NO**

Does your child have Diabetes, Asthma or Epilepsy? **YES/NO**

Has your child ever been treated for an Eating Disorder? **YES/NO**

Is your child taking treatment for ADHD? **YES/NO**

If yes, we will need the latest clinic letter from their supervising specialist before any medication can be administered.

Is your child a carrier of a blood borne infective disease? **YES/NO**
(Hepatitis B, Hepatitis C, HIV)

Does your child have a problem that may prevent them from taking part in normal School activities either work or sport? Please describe below if so. **YES/NO**

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Please give details of any significant family health history.

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Consent

Email is the quickest way to contact you about routine medical issues, this may contain confidential information.

We will use the email address held by the School unless you indicate otherwise here.

Please ensure you keep the School informed of any change to your details.

Please read the following carefully. If you do not agree with any item please arrange to discuss it with the Medical Officer.

I have read the [extract from the Handbook for Parents](#) about the Medical Centre's services and the policy about pupils' medications in House. YES/NO
The full *Handbook for Parents* is available on our [website](#).

In the event of an emergency, I give consent for my child to receive medical or surgical treatment, including a general anaesthetic. YES/NO

If my child has asthma, I consent to them receiving an emergency supply of Salbutamol if required. YES/NO

If my child has severe allergy, I consent to them receiving an emergency supply of adrenaline if required. YES/NO

If my child has Diabetes, Asthma, Epilepsy or a significant allergy, I consent for the diagnosis to be entered on to their School record. YES/NO

I consent to my child receiving over-the-counter remedies from Matron or an appropriately trained staff member (as listed in the [Handbook for Parents](#)). YES/NO

I give permission for the Medical Officer to approach my child's previous doctors if required. YES/NO

Name (please print)

Relationship to pupil

Signed Date

Please return no later than **Monday 11 June 2018** to:

Admissions
Stowe School
Stowe
Buckingham
MK18 5EH

Or secure email admissions@stowe.co.uk

The logo for Stowe School, featuring the word "Stowe" in a large, elegant, cursive script.