



Stowe School Medical Centre

Health History Form

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

NHS No

All boarders should be registered with the School Medical Officer, Dr Rebecca Pryse or Dr Ben Burgess who are GP partners 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 or can remain with the family GP. If unregistered the School doctor can only consult with them for emergency problems.

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 vaccine-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 (DTaP/IPV/Hib)	1 injection
	Pneumococcal (PCV)	1 injection
3 months old	Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza (DTaP/IPV/Hib)	1 injection
	Meningitis C (MenC)	1 injection
4 months old	Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza (DTaP/IPV/Hib)	1 injection
	Pneumococcal (PCV)	1 injection
	Meningitis C (MenC)	1 injection
Between 12 and 13 months	Hib/MenC booster	1 injection
	Measles, mumps, rubella (MMR)	1 injection
	Pneumococcal (PCV)	1 injection
3 years and 4 months	Diphtheria, Tetanus, Pertussis, Polio (DTaP/IPV)	1 injection
	Measles, mumps, rubella (MMR)	1 injection
Girls only 12-13 years	Cervical cancer caused by human papilloma virus type 16 and 18 (HPV)	3 injections over 6 months

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

Past Medical History

Please note: this is the **only** information we will have until the previous 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 for treatment or investigation? **YES/NO**

Please give **FULL** details if you answer **YES** to any of the above questions, on a separate sheet if necessary.

Please give details (drug name and dose) if your child is currently taking any medication regularly or occasionally prescribed or over the counter (eg tablets, medicine, inhaler, cream or spray).

Please give details if your child suffers from an allergy to medicines or other things.

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

Is your child treated for Diabetes, Asthma or Epilepsy? **YES/NO**

Has your child ever needed treatment 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?
(Hepatitis B, Hepatitis C, HIV) **YES/NO**

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 yes **YES/NO**

Please give details of any significant family health history.

Consent

Email is the quickest way to contact you about routine medical issues, these 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.
The full *Handbook for Parents* is available on our [website](#).

YES/NO

In the event of an emergency, I give consent for my child to receive emergency medical or surgical treatment including a general anaesthetic.

YES/NO

If my child is Asthmatic I consent to them receiving an emergency supply of Salbutamol if required.

YES/NO

If my child suffers from Diabetes, Asthma, Epilepsy or a significant allergy, I give my consent for the diagnosis to be entered on to their School computer 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 to the Medical Officer to approach my child's previous specialist or family doctor if required.

YES/NO

Name (please print)

Relationship to pupil

Signed Date

Please return no later than **Friday 16 June 2017** to:

Mrs D Jenkins, Senior Nurse Manager
The Medical Centre
Stowe School
Stowe
Buckingham
MK18 5EH

Or secure email djenkins@stowe.co.uk