



## 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 who is a GP partner at The Swan Practice in Buckingham [www.theswanpractice.co.uk](http://www.theswanpractice.co.uk). Please complete the attached NHS GMS1 registration form 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 students, with a high "community immunity" against outbreaks of infectious disease.

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

If they have not received the full schedule we will contact you about arranging free booster doses provided by the NHS.

#### Current UK vaccination schedule:

|                        |  |                            |
|------------------------|--|----------------------------|
| 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 & 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 |

## 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.*

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.

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

Is your child able to take part in normal School routine, both work and sport? **YES/NO**

Please give details of any significant family health history.

Please continue on separate sheet if necessary

## 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 chapter in the *Handbook for Parents* about the Medical Centre services and the policy about pupils' medications in House.

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 to Dr Rebecca Pryse, Stowe Medical Officer, c/oThe Admissions Office, Stowe School, Stowe, Buckingham MK18 5EH

Or secure email [admin.theswanpractice@nhs.net](mailto:admin.theswanpractice@nhs.net)

Or secure fax +44 (0)1280 818618