



RYDAL PENRHOS SCHOOL

CONFIDENTIAL HEALTH QUESTIONNAIRE

THIS medical questionnaire must be completed in full and returned in the envelope provided at least two weeks prior to your child's first day at the school. In the interests of your child's safety, we regret that he or she may not be allowed to start at the school until we are in receipt of a completed questionnaire.

The purpose of this questionnaire is to find out if there are any medical problems which may affect your child in School. It is a confidential document and is only available to the School's Medical Team and staff with a direct responsibility for your child's health and well being, e.g. House Parents and Matrons. Only limited information essential to your child's safety within the School or on off-site activities, will be shared with other School staff. Please help us to provide the best possible care for your child by completing as many of the following questions as you can (*pages 1-4*). **The school is required by law to hold medical information, including emergency contact information, for all our pupils.**

PUPIL INFORMATION

Surname	Day pupil / Full Boarder / Weekly Boarder (please circle)		<div style="border: 1px solid black; padding: 10px; text-align: center;">Photograph (only required if your child has a medical need)</div>
Forename(s)	Year group or form if known		
Date of birth	Boy / Girl	Last school in the UK that your child attended (including address)	
Town and country of birth	Pupils last or current UK doctor		
Address at which pupil normally lives	Address of last or current UK doctor's surgery		
Post Code	Post Code		
Phone number/s	Doctor's phone number		
Email	BOARDING PUPILS – IF YOU HAVE BEEN REGISTERED WITH A UK DOCTOR CURRENTLY OR IN THE PAST PLEASE INCLUDE YOUR GP REGISTRATION CARD OR COMPLETE A DOCTORS REGISTRATION FORM (<i>attached</i>)		

PARENT / GUARDIAN INFORMATION

 It is often helpful for us to know your family structure and your child's place within it.

Please list the people with whom the pupil normally lives:			
Name	Date of birth	Occupation	Relationship to pupil (e.g. Mother, Father, Brother, Sister, other)
If the pupil does not live with both parents or lives with guardians occasionally please give details. (<i>Boarding pupils please state UK Guardian</i>)			
Name	Address	Relationship to pupil (e.g. Parent, Guardian)	
We are required by law to obtain contact numbers for persons who can give consent for your child in the case of a medical emergency. For day pupils and UK boarders this may include collecting your child from School and/or accompanying your child to hospital. Please list at least two contact numbers (<i>in the order that they should be contacted</i>).			
Person to be contacted	Number	Relationship to pupil (e.g. Parent, Guardian)	
Parental responsibility: Are there any court orders affecting parental responsibility that we need to be aware of?			

MEDICAL HISTORY *NB Please STRIKE THROUGH the answer which does not apply in each question*

1. Has your child had any serious illnesses or injuries requiring admission to hospital? If YES, please give details:	YES	NO
2. Does your child have asthma, diabetes, epilepsy, recurrent fits or any problem which requires daily treatment? If YES, please give details:	YES	NO
3. Does your child have any other long-term medical, physical or psychological problems including obesity, eating disorders, self-harm or depression? If YES, please give details: (this is essential)	YES	NO
4. Does your child have any other problems/requirements that may affect him/her while in School e.g. allergies, hayfever, eczema, travel sickness, migraines, bed wetting, soiling, etc? If YES, please say what:	YES	NO
5. Does your child have any specific dietary requirements e.g. food allergies, cultural or religious practices, parental preference, etc? If YES, please give details:	YES	NO
6. Is your child attending eye clinic or an ear, nose and throat specialist? If YES, please give details:	YES	NO
7. Does your child require any aids in school, e.g. hearing aids, glasses, contact lenses, overlays, orthopaedic aids, dental appliance? If YES, please specify:		NO
8. Does your child see any other professionals/agencies e.g. speech therapy, occupational therapy, physiotherapy, dietician, orthodontist, etc? If YES, please specify:	YES	NO
9. Has your child ever been assessed or received support/treatment from an Educational or Clinical Psychologist or a Child Psychiatrist. Is your child currently receiving any treatment/therapy or do you have any concerns about your child's learning needs or psychological wellbeing? If YES, please give details: (this is essential)	YES	NO
10. Do you have any worries about any aspect of your child's behaviour? If YES, please say what the problem is so that we can help your child to address these difficulties:	YES	NO
11. Is there any reason why your child should not participate in sport including water sports? If YES, please give details:	YES	NO
12. Is there anything else you feel we should know that is relevant to your child's health and/or wellbeing, e.g. history of family illness, bereavement, parental separation, divorce etc? If YES, please give details:	YES	NO
13. If there is anything you would like to discuss in relation to your child's health, please give details or contact the Sister in Charge on 01492 539729 or E-mail: healthcentre@rydal-penrhos.com	YES	NO
14.a) Is your child allergic to any medicines? If YES, please give details:	YES	NO
14.b) Does your child use any medication including creams, tablets, liquids, inhalers or injections regularly?	YES	NO
14.c) Do any of these medicines need to be taken while your child is at the School? If YES, please specify times: (The name of the medicine, dose in milligrams/micrograms and times the medicine is to be taken is important. Please answer fully)		
Medicine	Dose	Frequency/Time
<p>NB. THE SCHOOL DOES NOT ALLOW ANY MEDICINES IN SCHOOL OR IN THE BOARDING HOUSES without following the Health Centre instructions in the Pupil Handbook and on the yellow 'Medicines in School' form included with this questionnaire.</p>		
15. Has your child had any of the following illnesses? (Please state approximate age)		
Measles <input type="checkbox"/>	Chicken pox <input type="checkbox"/>	Glandular fever <input type="checkbox"/>
Mumps <input type="checkbox"/>	Whooping cough <input type="checkbox"/>	Scarlet fever <input type="checkbox"/>
Rubella <input type="checkbox"/>	Tuberculosis <input type="checkbox"/>	Rheumatic fever <input type="checkbox"/>
		Malaria <input type="checkbox"/>
		Cholera <input type="checkbox"/>
		Typhoid <input type="checkbox"/>
		Meningitis (Other) <input type="checkbox"/>

IMMUNISATIONS AND VACCINATIONS

<p>Has your child missed any routine immunisations? If yes please specify: If unable to find documentation, please state:</p>	YES	NO
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PLEASE GIVE <u>LAST</u> DATES FOR THE FOLLOWING IMMUNISATIONS:	
Measles, mumps and rubella - MMR - given at 1year and at 3years 4months <i>(Please give last two dates)</i>	
Diphtheria, tetanus, pertussis and polio - DTaP/IPV - given at 3years 4months	
Cervical Cancer – HPV - Gardasil - Girls aged 12 – 13 years <i>(Please give all dates)</i>	
Meningitis C <i>(Please give last two dates)</i>	
Tetanus, Diphtheria and Polio – Td/IPV - given at age 14	
Meningococcal ACWY (given at age 14)	
TB vaccination – BCG <i>Not routinely given in the UK</i>	
Influenza vaccine (only if in risk group)	
Pneumococcal (only if in risk group)	
Tetanus (single vaccine – this is generally only given after an injury)	

If your child is due any other vaccinations or boosters during his/her time at the School you will be sent a consent form near the due date. Please complete the form and post it by return or email it to healthcentre@rydalpenrhos.com. *(Please note immunisations cannot be given without a completed form).*

Travel immunisations can be arranged for boarding pupils as required. Please send or email a written request to the Sister in Charge at least 8 weeks before intended travel stating main destination, all areas to be visited and duration of travel.

DENTAL COVER

<p>The School offers an excellent 'opt-in' dental accident and emergency cover for all pupils. Denplan for Schools Accident and Emergency Dental Plan enables you to access private dental treatment for dental accidents or toothache anywhere in the world throughout your child's School life, including during the School holidays. Please visit their website for details at: www.denplanforschools.co.uk or in an emergency please call Denplan insurance team on Freephone 0800 844 999</p> <p>Is your child covered by the Denplan for Schools Accident and Emergency Dental Plan?</p> <p>Is your child in another private dental scheme? If YES, please give details of insurers.</p> <p>Name of member Membership number</p> <p>Name and contact details of insurers</p> <p>BOARDERS: Owing to the national shortage of NHS Dentists we are generally unable to obtain routine NHS (free) dental care locally. Therefore, you are advised to arrange your child's routine dental care during the School holidays. We will, however, make every possible effort to arrange treatment for dental emergencies.</p> <p>If you would like your child to receive full private dental care while in School or your child is undergoing orthodontic treatment and may require assistance during term time please contact the School Health Centre.</p>	YES	NO
	YES	NO

NON-URGENT MEDICAL / HOSPITAL CARE (Boarders only)

<p>If your child needs to receive non-urgent medical treatment or undergo an operation this can usually be performed free of charge under the NHS <i>(subject to local availability and hospital waiting lists)</i>. You will be contacted prior to any arrangements being made.</p> <p>Please indicate if you prefer your child to be treated privately. <i>(This means that parents are responsible for all expenses that may arise).</i> If YES, please give details of insurers</p> <p>Name of member Membership number</p> <p>Name and contact details of insurers</p>	YES	NO
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MEDICINES IN SCHOOL

IN ORDER TO SAFEGUARD ALL OUR PUPILS PLEASE NOTE

PUPILS ARE NOT ALLOWED TO CARRY NON-PRESCRIPTION MEDICINES, HOMEOPATHIC, HERBAL OR ORIENTAL REMEDIES ON THEIR PERSON OR KEEP THEM IN THE BOARDING HOUSE. The School Health Centre provides a range of homely remedies for symptomatic relief of most minor ailments, these are also available in each boarding house. Therefore, there is no need for pupils to bring anything into school other than prescription medicines.

For the safety of all pupils any non-prescription medicines brought into school will be confiscated and destroyed.

The School Homely Remedies list is available on request from the Health Centre

Prescription Medication

Pupils are permitted to self-administer medicines that have been prescribed for them by a doctor. However, in all cases pupils must undergo a risk assessment by the Health Centre whenever they bring any medicines into school

Please refer to the **Pupil Handbook** for further information.

CONSENTS FOR HEALTH CHECKS, FIRST AID AND EMERGENCY MEDICAL TREATMENT

(NB. this section must be completed in full for all pupils)

NB Please STRIKE THROUGH the answer which does not apply in each question.

In the event of my child being ill or injured I give permission for first aid treatment to be given by the School Nurse or a qualified First Aider.

YES NO

In the event of my child being unwell while in School I give permission for appropriate treatment, which may include a minimum dose of non-prescription over the counter medicines (*homely remedies*), to be given by the School Nurse or her nominated cover who is First Aid trained. (*Medicines list available on request*). **NB. This does not apply to Prep day pupils.**

YES NO

In the unlikely event of the School being unable to contact me in an emergency, I give permission for my child to be taken to hospital to receive urgent medical, surgical or dental treatment, including x-rays and anaesthetic, as considered necessary by the relevant medical professional. **NB. This action would only be taken in extreme circumstances where a delay could be detrimental to your child's health. In all cases every possible effort will be made to contact you.**

YES NO

If my child is unwell while boarding or on a residential School trip, I give my permission for my child to be seen and examined by the School Medical Officer or other registered GP if necessary and to receive treatment, which may include prescription and non-prescription medication as appropriate. **NB. If this is necessary, every effort will be made to contact you.**

YES NO

The School will make every effort possible to keep you informed about your child's health.

Signed (*parent*).....

Name (*Please print*)

Date.....

Boarding pupils only

We **will always** inform you about any immunisations that your child is due. However, if you have nominated a guardian, house parent or the headmaster to sign the immunisation consent forms on your behalf please state the name of the person you have nominated.

Name of signatory.....