MEDICAL INFORMATION

This Statement of Health is **STRICTLY CONFIDENTIAL** between the Student and our Medical Officer. Please return this form to Newent Community School and Sixth Form Centre in a sealed envelope marked: **PRIVATE & CONFIDENTIAL**, for the attention of the **Medical Officer.**

BLOCK CAPITALS PLEASE

SURNAME :_____ FORENAME :_____ TUTOR GROUP : _____

ADDRESS:_____ HOME TEL NO: _____

_____ EMERGENCY TEL NO: _____

_____ DATE OF BIRTH: _____

DOCTOR'S SURGERY YOU ARE REGISTERED AT: _____

NAME OF DOCTOR: _____

PLEASE TICK THE RELEVANT BOX		**YES**	**NO**
1.	Are your child's immunisations up to date?	☐	☐
2.	Has your child been absent from School due to ill health in the last 2 years?	☐	☐
2.	Have you consulted a doctor about your child's health in the last 2 years? (Please ignore trivial problems)	☐	☐
3.	Has your child attended hospital for any reason in the last 5 years?	☐	☐
4.	Is your child Registered Disabled?	☐	☐
5.	Is your child known to the School Nurse Team?	☐	☐

If you have ticked YES to any of these questions, please give brief details. (please continue on separate paper if required)

Has your child ever suffered from any of the following? (Please circle condition, as appropriate)		**YES**	**NO**
1.	Allergies (please list allergies and severity in box provided below)	☐	☐
2.	Asthma, Bronchitis; Tuberculosis; Hay Fever	☐	☐
3.	Heart Conditions; Angina; High Blood Pressure; Congenital Heart Defects	☐	☐
4.	Stomach; Bowel Conditions; Ulcers; Typhoid or Paratyphoid; Ulcerative Colitis; Constipation; Irritable Bowel; Hernia	☐	☐
5.	Diabetes Type 1 or Type 2	☐	☐
6.	Liver Disorders; Jaundice; Hepatitis	☐	☐
7.	Kidney Disorders; Bladder Disorders; Incontinence	☐	☐
8.	Anxiety; Depression; Psychiatric Treatment; Panic Attacks; Self Harm	☐	☐
9.	Skin Complaints; Eczema; Dermatitis;	☐	☐

Over ⊠

		YES	NO
10.	Hearing Defects; Ear Infections	☐	☐
11.	Eye Problems; Does your child wear spectacles /contact lenses?	☐	☐
12.	Back/Neck Problems; Sciatica	☐	☐
13.	Joint Problems; Arthritis; Repetitive Strain Injury	☐	☐
14.	Reynards Syndrome; Di George Syndrome;	☐	☐
15.	Epilepsy; Blackouts; Migraine; Fainting	☐	☐
16.	Dyslexia / Dyspraxia / A.D.H.D / Tourettes	☐	☐
17.	Cystic Fibrosis; Multiple Sclerosis; ME	☐	☐
18.	Hyper Mobility Disorder	☐	☐
19.	Thyroid Problems	☐	☐
20.	Is your child taking any long term medication?	☐	☐

If you have ticked YES to any of the above, or if your child has had any other serious illness or operation please give brief details and dates and indicate if the problem is still present.

Any medication to be taken in School time must be held securely by The Medical Officer. Medication will be required to be in its prescribed box / bottle and accompanied by a letter of consent from parent / carer.

Please tick box if you consent to Paracetamol being administered to your child by The Medical Officer. ☐

Please tick box if you consent to Piriton being administered to your child by The Medical Officer. ☐

I declare that to the best of my knowledge I have answered the questions on this form accurately.

Parent / Carer Signature:_____ Date:_____

For completion by The Medical Officer

Paracetamol Yes / No Piriton Yes / No Medication Yes / No

Any serious illness not requiring administration of medication?