

## **Form 7: Medical Records Form**



All welfare notes will be held at the school medical centre. It is essential that ALL day and boarding pupil medical records are kept up to date. This is a legal requirement that a medical welfare file remains at school with the pupil throughout their school life.

It is important that the School Medical Officer is aware of the medical history of your child including details of previous illnesses, vaccinations and immunisations that have been given. Please complete this form and return immediately to the Registry department by email [enquiries@rossall.org.uk](mailto:enquiries@rossall.org.uk)

Family Name:

Student's Given Name:

Date of Birth:

Country of Birth:

Present Country of Residence:

Doctor's Name:

Doctor's Address:

Doctor's Telephone number:

1. Please indicate which of the following illnesses your child has had together with the age at which it was contracted.

	YES/ NO	Age		YES /NO	Age
Chicken Pox			Asthma		
Whooping Cough			Mumps		
Measles			German Measles		
Hepatitis (Please Specify)			Infantile Paralysis (Polio)		
Glandular Fever			Tuberculosis (TB)		
Diabetes			Epilepsy		

2. Please indicate if your child has been vaccinated or immunised against the following:

	YES/ NO	Age	Date dd/mm/ yyyy		YES/ NO	Age	Date dd/mm/ yyyy
BCG (for TB)				Meningitis C			
Measles/Mumps /Rubella				HIB			
Hepatitis A				Pneumococcus			
Other-Please specify							

D.P.T	2 months	3 months	4 months	Pre School
	Date dd/mm/yyyy	Date dd/mm/yyyy	Date dd/mm/yyyy	Date dd/mm/yyyy
Diphtheria				
Tetanus				
Polio				

3. Please indicate below any Allergies your child might have, for example, Asthma, Nut Allergy, Latex, Hay fever, Drug Allergies or dietary:

4. Please give below, details of any serious illnesses, accidents, or operations that your child has had in the past, stating the date:

If so please give details:

5. Does your child need an asthma inhaler? Yes No

If so, please provide details:

Name	<input type="text"/>
Dose	<input type="text"/>
Times of administration	<input type="text"/>

6. Has your child received a vaccination in the last 12 months?      Yes   No  
If so please give details:

7. Boarders who wear glasses should bring a copy of their prescription to school and deposit it at the Medical Centre. They must bring a spare pair of glasses with them for use in case of loss or damage. Pupils who wear contact lenses must bring a spare pair of glasses to use in case a lens is lost or there is an eye injury or irritation. Protective eye wear should be used for squash and fives.
8. It is strongly recommended that all pupils involved in contact sports should wear mouth guards. The pupil's own dentist should be able to supply these. Hot Mould Mouth Guards are available from the school shop.
9. When your son or daughter returns home for a holiday, they will bring with them a health form which you are required to complete and return to the School. This should be faxed to Rossall on one of the numbers shown below or sent back with your son / daughter.

### Special Needs

10. Please detail below any special needs that your child might have, e.g. learning difficulties (please specify), disability, social difficulties etc.

Details of special need

### Consent 1:

I understand that in an emergency every effort will be made to obtain my consent to an operation and/or administration of an anaesthetic, but if this proves impossible I hereby authorise the Headmaster, or house parents in loco parentis.

Parents' signature :

Date:

<input type="text"/>
/      /

### Consent 2:

I hereby give my consent for the school nurse and/or house parents to give medication to my child e.g. Paracetamol, Calpol, Cough Linctus, should the need arise. For day pupils the nurse will make every effort to contact parents first.

Parents' signature :

Date:

<input type="text"/>
/      /

### **Rossall School Fax Numbers:**

### **Fax**

### **Telephone**

Main School Reception:

+44 1253 772052

+44 1253 774201

Junior, Infant & Nursery School Reception:

+44 1253 774223

+44 1253 774222

International Study Centre:

+44 1253 779415

+44 1253 774204

Medical Centre:

+44 1253 774287

**Please complete this form, print, sign and return immediately to the Registry department, Rossall School, Broadway, Fleetwood FY7 8JW  
or by email enquiries@rossall.org.uk**