ALEXANDERS COLLEGE

Suffolk England

MEDICAL FORM

MEDICAL CENTRE USE ONLY	CONSENT	OTC Meds:		Vaccinations:		First Aid & Emergency:	✔	BMI:		Additional Treatments:	

Special Medical Needs:

Follow Up:

MEDICAL IN CONFIDENCE

All information given to the College Health Centre will be kept in strictest confidence and, where appropriate, relevant details will be noted on the College database in line with the Data Protection Act.

PLEASE COMPLETE ALL QUESTIONS BELOW IN BLACK

STUDENT PERSONAL DETAILS

Student's Name:	Date of Birth: D D M M Y Y
Town & Country of Birth:	
Previous School:	Date of Entry: D D M M Y Y
Previous UK GP (Doctor): (if applicable)	Doctor's Telephone Number:
Surgery Address:	
Previous National Health Service (NHS) Number: (if applicable)	
Student's Personal Mobile Number whilst at Alexanders:	
Student's Personal Email address whilst at Alexanders:	

PARENTS DETAILS

Mother's Name:	Father's Name:
Mother's Address:	Father's Address:
Mobile Number:	Mobile Number:

GUARDIANS DETAILS

Guardian's Name:	Mobile Number:
Office/Home Telephone Number:	

MEDICAL HISTORY

Please continue on a separate sheet if necessary.

Serious Injury (requiring hospital admission):

Surgical Operations (details and dates):

Current Medication:	Reason:	Dosage Instructions:

In order to administer prescribed medication, the College Nurse must have a letter and current prescription instructions, including English translation, from the student's doctor. Only UK licenced medication can be administered while a student is attending Alexanders College.
All medication sent to the College must be in its original container, labelled with the student's name, date of birth and dosage instructions.
Non-prescribed medications will be held by the College Nurse until the student departs.

Student's Name:	Date of Birth:	D	D	M	M	Y	Y

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CONDITIONS?

Please continue on a separate sheet if necessary.

Delete as Appropriate:	Severity (please tick):				Give Details:
Diabetes	Type 1	✓	Type 2	✓	Treatment:
Heart/Chest Conditions	Mild	✓	Severe	✓	Treatment:
Anaphylaxis/Allergy	Mild	✓	Severe	✓	Treatment:
Asthma/Hay Fever	Mild	✓	Severe	✓	Treatment:
Epilepsy/Seizures	Mild	✓	Severe	✓	Treatment:
Eczema/Skin Problems	Mild	✓	Severe	✓	Treatment:
Headaches/Migraine	Mild	✓	Severe	✓	Treatment:
Ear, Nose & Throat	Mild	✓	Severe	✓	Treatment:
Eye/Visual Problems	Mild	✓	Severe	✓	Treatment:
Bone/Joint Disorders	Mild	✓	Severe	✓	Treatment:
Enuresis/Bedwetting	Mild	✓	Severe	✓	Treatment:
Digestion/Bowel	Mild	✓	Severe	✓	Treatment:
Emotional/Psychological	Mild	✓	Severe	✓	Treatment:
Sleepwalking	Mild	✓	Severe	✓	Treatment:

HAS YOUR CHILD EVER TESTED POSITIVE FOR THE FOLLOWING CONDITIONS? IF SO, PLEASE GIVE DETAILS

Tropical Disease	YES	✓	NO	✓	Treatment:
Tuberculosis TB	YES	✓	NO	✓	Treatment:
HIV/AIDS	YES	✓	NO	✓	Treatment:
Hepatitis	YES	✓	NO	✓	Treatment:

Has the student been exposed to any endemic illness? (Please give details)	YES	✓	NO	✓
Is there any relevant family medical history we should be aware of? (Please give details)	YES	✓	NO	✓
Does your child have any special dietary requirements? (Please give details)	YES	✓	NO	✓

Student's Name:	Date of Birth:	D	D	M	M	Y	Y

VACCINATION RECORD: ROUTINE IMMUNISATIONS

Parents / Guardians to complete with dates if possible or attach a copy of immunisation record.

Disease Protected Against:	Given:				Dates:	
Diphtheria	YES	✓	NO	✓		May be given as triple vaccine
Tetanus	YES	✓	NO	✓		
Pertussis (Whooping Cough)	YES	✓	NO	✓		
Polio	YES	✓	NO	✓		
Heamophilus Influenzae (Hib)	YES	✓	NO	✓		
Measles	YES	✓	NO	✓		May be given as MMR or separately
Mumps	YES	✓	NO	✓		
Rubella	YES	✓	NO	✓		
BCG (Tuberculosis)	YES	✓	NO	✓		
Meningitis C	YES	✓	NO	✓		
HPV	YES	✓	NO	✓		against cervical cancer

MONITORING

The College nurse will regularly monitor your child's Body Mass Index (BMI) to help them maintain an appropriate weight.
The College "Independent Listener" is available to all students who would like to speak to someone other than a member of the College community.

OVER THE COUNTER MEDICATIONS/PREPARATIONS - OCM

The College Medical Officer has approved a list of medications, which may be given to Students by the College Nurse, or a designated member of staff on duty. This includes:

ORAL MEDICATIONS/PREPARATIONS

Paracetamol	YES	✓	NO	✓	Ibuprofen	YES	✓	NO	✓	Cough Mixture and Benylin	YES	✓	NO	✓
Vitamin C	YES	✓	NO	✓	Rescue Remedy	YES	✓	NO	✓	Strepsils	YES	✓	NO	✓
Senokot for Bowel Problems	YES	✓	NO	✓	Dioralyte for Bowel Problems	YES	✓	NO	✓	Rennie/Gaviscon/Andrews Salts for Indigestion Problems	YES	✓	NO	✓

TOPICAL MEDICATIONS/PREPARATIONS

Olbas Oil, Karvol	YES	✓	NO	✓	Antihistamine Cream	YES	✓	NO	✓	Bonjela Mouth Gel	YES	✓	NO	✓
Arnica	YES	✓	NO	✓	Savlon	YES	✓	NO	✓	Ibugel, Cool Gel, Heat Pad	YES	✓	NO	✓
Sun Creams and After-sun Lo	YES	✓	NO	✓	E45, Sudocrem	YES	✓	NO	✓					

OPTICAL/DENTAL SECTION

Does your child wear spectacles / contact lenses?											YES	✓	NO	✓
Date of Last Eye Test:	D	D	M	M	Y	Y	Date of Last Dental Exam:	D	D	M	M	Y	Y		
Does Your Child Wear Braces/Retainer	YES	✓	NO	✓	Date of Last Orthodontic Appointment:	D	D	M	M	Y	Y				

Students requesting the above treatments will incur additional cost as they are not covered by the NHS.

HEALTH INSURANCE

If a referral to a specialist is required then a cost will be incurred.

A. My child has no other Private Health Insurance apart from that provided by Alexanders College (it is the responsibility of parents to request a copy of this this document so that they are aware of what is and is not covered).

B. My child is covered under her own Private Health Insurance Scheme

Details:

Student's Name:	Date of Birth: D D M M Y Y

CONSENTS

CONSENT TO VACCINATE

All details of the student's vaccination record provided will be reviewed by the College's National Health Service GP (Doctor) and if there are any vaccinations not listed that are recommended by NHS England then students will receive these vaccines. Consent is hereby given.

Signature:	**Print:**

Date: D D M M Y Y

FIRST AID AND EMERGENCIES

Unfortunately, unforeseen circumstances sometimes do arise. In the interests of your child's welfare, please consent to the following:

Consent is hereby given for my child to receive First Aid by College staff or a member of the public should the need arise and to be transported in a taxi or a designated member of College staff's car or by the Local Health Authority or other emergency transport.

It is understood that in an emergency every effort will be made to obtain consent from parents for the child to have an operation and/or be administered an anaesthetic and/or other emergency treatment but if this proves impossible, the Principal, the College Nurse or the most senior member of the College staff is hereby authorised to act 'in loco parentis' in the case where the child is in the care of the College, whether actually in the College itself or on an authorised trip.

Signature:	**Print:**

Date: D D M M Y Y

CONSENT FOR OVER THE COUNTER MEDICATIONS/PREPARATIONS

PLEASE SEE PAGE 3 of this form - please tick or mark CLEARLY if you DO NOT wish these medications/preparations to be given to the child.
If there is no tick or mark, the College will assume that permission has been given and will administer such medications/preparations if deemed necessary.

Signature:	**Print:**

Date: D D M M Y Y

CONSENT FOR OPTICAL/DENTAL TREATMENT

If a student requests or needs the treatments listed, parents will be contacted in advance (unless it is an emergency situation) but in the event this is not possible please sign below giving your consent for such treatment to be undertaken in the knowledge that extra charges will be incurred.

Signature:	**Print:**

Date: D D M M Y Y

I hereby confirm that I have fully understood all the information contained in this medical form and have consented and signed my agreement where requested to do so.

Signature:	**Print:**

Date: D D M M Y Y