CUMNOR HOUSE SCHOOL

MEDICAL RECORD CARD

Name of pupil in block letters .....

Date of birth .....

Date of joining Cumnor House School .....

Immunisation against Infectious Diseases – All pupils should be immunised against diphtheria, tetanus, poliomyelitis and MMR (measles, mumps and rubella) prior to school entry.

IMMUNISATION RECORD

Immunisation	Dates given				
Diphtheria/Tetanus/Pertussis/Polio					
Haemophilus Influenzae (HIB)					
Pneumococcal Infection (PCV)					
Meningitis C					
Measles/Mumps/Rubella (MMR)					
BCG*					

ALLERGIES/INTOLERANCES

Is your child allergic to any drugs, foods (eg. peanuts) or substances? (N.B. the child **MUST** be made aware of any allergy. Please specify allergies (e.g. hay-fever or asthma) or intolerances:

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Has she any allergy to drugs (e.g. Penicillin)? .....

How does your child react? .....

.....

What treatment do they have if they have a reaction (e.g. antihistamine, Epi-pen)? .....

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Does your child have special dietary requirements?	Yes	No
Is your child a vegetarian?	Yes	No
Is your child allowed beef?	Yes	No
Is your child allowed chicken?	Yes	No
Is your child allowed pork?	Yes	No
Is your child allowed lamb?	Yes	No
Is your child allowed fish?	Yes	No

Please give any other information below which you feel we should know about her health.

Has your child resided abroad? If so please give details of any tropical disease infection: .....

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Is her sight normal? If not please give details: .....

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Does she suffer, or has she suffered, from fits or epilepsy in any form? If so please give details .....

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Does she have any hearing problems? .....

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Please give details of any surgical operations: .....

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Has she suffered from any serious medical condition? .....

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Is she fit in all respects for the usual games of the school? .....

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Is there any other information of which you think we should be aware of? .....

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Does she take any regular medication? .....

Name and address of family Doctor: .....

.....Tel. No. .....

Signature and address of Parent or Guardian: .....

Telephone Number: Home: ..... Mobile: .....

Name and Telephone Number in case of emergency (other than parent): .....

EMERGENCY TREATMENT CONSENT FORM

Hospital treatment may be necessary in an emergency situation. I understand 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 staff to give signed consent (as they will be acting in loco parentis).

I also consent to any emergency medical examination, investigations or treatment.

Signed: ..... Date: .....