

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? (NB the child **MUST** be made aware of any allergy. Please specify allergies (eg hay-fever or asthma) or intolerances:

.....

Has she/he any allergy to drugs (eg Penicillin)?

.....

How does your child react?

.....

What treatments do they have if they have a reaction (eg antihistamine, Epi-pen)?

.....

Does your child have special dietary requirements: -

Is your child a vegetarian? Yes No

Is your child allowed red meat (eg. Beef, lamb)? Yes No

Is your child allowed chicken? Yes No

Is your child allowed pork? Yes No

Is your child allowed fish? Yes No

Does your child require halal? Yes No

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

.....

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

.....

Is her/his sight normal? If not please give details:

.....

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

Does she/he have any hearing problems?

.....

Please give details of any surgical operations:

.....

Has she/he suffered from any serious medical conditions?

.....

Is she/he fit in all respects for the usual PE Curriculum of the school?

.....

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

.....

.....

Does she/he 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 Head or staff to give signed consent (as they will be acting in loco parentis).

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

Signed: Date:

At Cognita we look after your personal information and only use your personal information for the purpose for which it has been collected. If you would like further information about how and why we use your personal information, please see our privacy notices; these are available here: <https://www.cumnorhouse.com/privacy-and-cookie-policies/>.

Dear Parents,

Medication Permission Slip

We have introduced a new medical care software to enhance our existing management information database - SIMS. "Medical Tracker" is a health and safety management system designed specifically for schools and will ensure we have instant access to pupil records as well as providing an efficient communication and reporting tool.

Our First Aid Policy states:

"Staff will only administer prescribed medication (from a doctor, dentist, qualified nurse or pharmacist) brought in by the parent/carer, for the pupil named on the medication in line with the stated dose.

Staff may administer non-prescription medication such as Calpol, paracetamol and allergy medication where parents have provided written consent for this to happen. The School will supply this non-prescription medication. Where medication is administered, parents should be informed."

In order to allow us to administer non-prescription medication as and when needed, we will require signed consent.

Please note that we will not administer Ibuprofen, aspirin or any other form of medication (including creams and lotions) unless prescribed and accompanied by the appropriate permission slip.

Please do not hesitate to contact me if you have any further questions.

Yours sincerely,

Tracy Caveney
Business Manager
Business.manager@cumnorhouse.com

Medication Permission Slip

Pupil Name:.....

Form: **DOB:**

We/I hereby consent to the School administering the following non-prescription medication at the dosage recommended for their age:

	Please tick
Calpol	
Paracetamol	
Antihistamine (allergy medications such as Piriton)	

Please note that parents will be informed whenever this medication is administered.

Signed: **Date:**

Relationship to Pupil:

Signed: **Date:**

Relationship to Pupil: