

Name: _____

House: _____

Date of Birth: _____

MEDICAL QUESTIONNAIRE

Email: sanatorium@christcollegebrecon.com
Tel: 01874 615471

Website: www.christcollegebrecon.com

Dear Parent/Legal Guardian

Please complete the medical Questionnaire: this booklet needs to be returned before your child starts school. This information helps us provide the best care possible for your son/daughter.

It is most important that this form is completed fully and accurately. Parents or Legal Guardians must disclose any past/present medical history, including emotional or psychological disorders. The Sanatorium staff cannot be held responsible for any events arising out of the withholding of information about pupils by those responsible for them.

Christ College Sanatorium is staffed during the day by qualified professional Registered General Nurses. **ALL BOARDING PUPILS MUST BE REGISTERED WITH THE BRECON GP PRACTICE** (which is located opposite Christ College). If parents of day pupils wish to remain with their own GP, **only emergency treatment will be provided by the Sanatorium.** For ALL routine matters for day pupils the usual GP should be consulted.

Any routine childhood immunisation programmes will be administered by the Powys School Health Team under the guidance of the Sanatorium.

If your child needs to see a doctor the Sanatorium will arrange appointments and provide an escort if your child is under 16. Parents of day pupils should also keep the Sanatorium informed of any medical matters.

Parents will realise that during their son's/daughter's time at Christ College he or she will develop in all sorts of ways, intellectually, physically, in confidence and, most likely, begin to make friends of the opposite sex. The Sanatorium Sisters offer pupils all the general medical services available to the public and operate the same levels of medical confidentiality. They work according to their own professional codes of conduct to educate your son(s) and daughter(s) to take responsibility for their own health care. It is possible that their medical care may involve advice on sexual health and possibly a counselling role. The school also employs an independent counsellor.

All medical information about pupils at the School will remain confidential. The only exception to this will be when a Medical Professional considers it in the best interests of the pupil or of the wider community to share information appropriately.

Medical Health Updates

Please inform the San of any changes to your child's medical circumstances during their time in CCB. If during the holidays, your son or daughter is exposed to anyone suffering from an infectious disease (e.g. chicken pox or mumps) they may return to school when the term begins, but the Sanatorium should be informed if your child has not already had the disease. Only in the unlikely event of contact with diphtheria, poliomyelitis, typhoid or paratyphoid fever, bacillary dysentery, SARS, meningococcal infection, hepatitis A or B or HIV infection should the pupil be kept at home until you have consulted the school medical team.

Dental Treatment

Ideally all students should be registered with a Dentist at home and all routine dental appointments should be undertaken in the school holidays. In cases of emergency, boys/girls receive treatment under the NHS from the Dental Department at our local Hospital if they are unable to attend their home dentist.

Holiday Treatment

If your son or daughter should need treatment during the holidays, they may go with their National Health number (we shall send their new Medical Cards to you at the end of their first term here) to your family doctor, or any other NHS general practitioner offering general medical services, who may accept them as temporary patients. **Please do NOT re-register them with your own doctor!**

We hope this overview of our services is helpful but if you do wish to contact us at any time please use the email/phone number provided on the front of this booklet.

Medical Questionnaire

Pupil Surname			
Pupil Forenames			
Pupil Preferred Name			
House		Date of Entry	
Date of Birth		Place of birth	
Day Pupil	<u>YES / NO</u>	All boarders will be registered with the Brecon surgery. If your child is a day pupil please indicate if you wish your child to be registered with the Brecon Surgery <u>YES / NO</u>	

NHS number if known:

The medical questionnaire is part of the terms and conditions of entry. It must be completed fully and returned, along with a copy of your child's full immunisation history within three weeks of receipt.

IMMUNISATION/VACCINATION HISTORY

Please provide either an Immunisation printout obtained from your child's GP practice or a copy of your child's International Immunisation Record and your child's Health Record Booklet. This also includes day pupils.

Has your child had the following infections? If so, please give approximate dates:

Mumps	YES/NO	Date:	Whooping cough	YES/NO	Date:
Chickenpox	YES/NO	Date:	Rheumatic fever	YES/NO	Date:
Measles	YES/NO	Date:			

Please give details and current medication for the conditions listed below:

	Delete as appropriate	<u>Treatment</u>
Asthma	YES/NO	
Eczema	YES/NO	
Hay Fever	YES/NO	
Bone or joint disease	YES/NO	
Fits or convulsions	YES/NO	
Diabetes	YES/NO	
Discharging ears	YES/NO	
Deafness	YES/NO	
Frequent sore throats	YES/NO	
Nasal obstruction	YES/NO	
Psychological problems	YES/NO	

Please give details of any other illness, operation or hospital investigation:

Please give details of any known allergy, including sensitivity to drugs:

Has he/she lived overseas? If so, please state country and give details of any infection with tropical disease:

Please give details of any known exposure to active pulmonary tuberculosis:

	Delete as appropriate	Comments
Does he/she wear spectacles or contact lenses?	YES/NO	When was the eyesight last tested?
Has he/she had an audiometry test?	YES/NO	If so, please give date and result (pass or fail)
Does he/she wet the bed or have poor bladder or bowel control?	YES/NO	
Is there any feature in the family history which might have a bearing on his/her health, including any family history of psychiatric illness, coronary heart disease, high blood pressure or diabetes in the immediate family?	YES/NO	
Is there any feature of his/her physical or mental health of which you feel the School medical staff should be aware, or which you would like to discuss with them?	YES/NO	
Do you consider that he/she is fit to take part in all the normal school games and activities?	YES/NO	
Has he/she had any physiotherapy, Osteopathy or Podiatry treatment in the last 6 months?	YES/NO	
In the event of a referral of your child to a consultant, would you like this to be done under the NHS?	YES/NO	
Is he/she at present under any form of medical treatment? If yes, a letter from the specialist or family doctor would be helpful.	YES/NO	

Signature of Parent/Legal Guardian:	Date:
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Parent Guardian Name:		
Parent/Guardian Address:		
Home Telephone:	Work Telephone:	Mobile Phone:
E-mail address:		

Name of present doctor:

Doctor's Address:

UK families who live abroad and British Armed Forces : please complete if currently stationed abroad.

Parent/Guardian - last UK address:

Last UK registered GP (name and address):

Name of second parent or legal guardian (if necessary):

Address of second parent or legal guardian:

Home Telephone:

Work Telephone:

Mobile Phone:

E-mail address:

Medical Consent Form

<i>Please indicate in the box</i>	YES/NO
I agree to the Powys School Health Team carrying out such immunisations against Diphtheria, Tetanus, Poliomyelitis, Meningitis ACWY, HPV or other infections, as they deem necessary. <i>Separate consent forms are sent to the parents for signature at the appropriate time.</i>	
I consent to over the counter medication, dressings and prescribed medication as appropriate being administered to my child by the Sanatorium staff.	
I understand that in an emergency every effort will be made to obtain my consent to an operation and/or the administration of an anaesthetic, but if this proves impossible I hereby authorise the Head, Houseparent, Sanatorium staff or their senior deputy to act in <i>loco parentis</i> .	
Signature of parent or legal guardian:	
Printed name of parent or legal guardian:	
Date:	

N.B. PLEASE ENSURE THAT THE IMMUNISATION/VACCINATION HISTORY IS ENCLOSED WITH THIS QUESTIONNAIRE

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