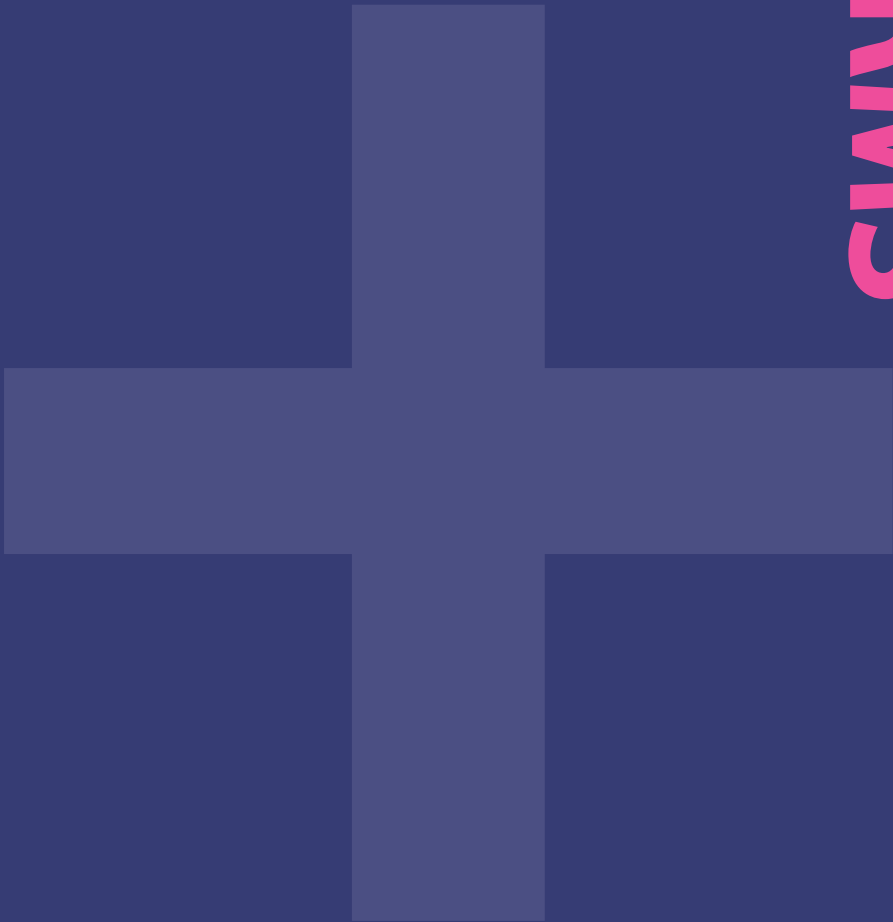


MEDICAL INFORMATION AND FORMS

Pupil name

Year Group

Boarder / Day Girl
(Please circle as appropriate)



IMPORTANT:
Your daughter will not be able
to start at Woldingham until this
completed booklet of forms
has been received by
the school.



**WOLDINGHAM
SCHOOL**

Dear Parents,

The health of our students is very important to us. To ensure that the best possible care is provided for your daughter, we ask you take the time to read the following information and to complete and sign the forms and return them as soon as possible to the Registrar - Woldingham School, Marden Park, Woldingham, Surrey CR3 7YA.

Your daughter's admission is dependent on receipt of a full medical record; incomplete forms will be returned to you. There are two resident school nurses and you are welcome to contact them for advice at any time by phone +44 (0)1883 654238 or by email healthcentre@woldinghamschool.co.uk

Your daughter will not be able to join Woldingham School until this completed booklet of forms has been received by the school.

Thank you for your co-operation.

Yours sincerely,

Mrs Judith Brown
Deputy Head Pastoral

Medical information for parents

National Health Service

All Boarders are registered with the National Health Service under the care of Townhill Medical Practice, Guards Avenue, Caterham, Surrey CR3 5XL, and they are entitled to medical treatment, including hospital care, under the NHS. Doctors hold a surgery in school three times a week, see all new Boarders as routine and are on call 24/7 in the case of emergency.

A student who is registered at school who needs to see a doctor in the school holidays would need to be registered as a temporary patient with the home doctor.

National Health Service Medical Card (FP4) should be given to the School Nurse at the beginning of a student's first term (not for Day students who remain registered with their home GP). Overseas students will only have one of these cards if they have been previously resident in the UK and registered with a NHS doctor.

It is expected that Day students living within the locality will already be registered with a General Practitioner (GP), therefore it is not necessary to send in the Medical Card.

Although emergency treatment will always be provided by the Health Centre during the school day, it is expected that, for routine medical matters, the usual GP will be consulted.

If a student changes from being a Day student to a Boarder she will need to be registered with the school doctor.

Admission to hospital

In the case of an emergency everything possible is done to contact parents immediately. In exceptional cases, however, the Headmistress has to act in loco parentis and in such cases she has the right to authorise medical and surgical treatment, including the administration of anaesthetic.

Students will normally be admitted under the National Health Service; if parents prefer private treatment, they should complete the relevant section of Part II. Please note that if a student needs medical attention outside school a parent or guardian would be required to accompany them.

Day students going home ill

Day students must attend the Health Centre if they feel too unwell to remain in lessons. They must not make their own arrangements to go home! Health Centre staff will decide whether the student is fit to remain in school. If not, then a parent will be contacted to discuss the safest way for the student to go home.

Immunisations

We are very keen to ensure that appropriate immunisations are given. You will be contacted as and when your daughter requires vaccinations. We also offer a full travel vaccination service for Boarders.

Confidentiality

In accordance with the school doctor's and nurses' professional obligations, medical information about pupils, regardless of their age, will remain confidential. However, in providing medical and nursing care for a pupil, it is recognised that on occasion the doctor and nurse may liaise with the Year team, senior staff on call, Deputy Head Pastoral, the Headmistress, or parents and guardians, and that information, ideally with the pupil's prior consent, will be passed on as necessary. With all medical and nursing matters, the doctor and nurse will respect a student's confidence except on the very rare occasions when, having failed to persuade that pupil, or her authorised representative, to give consent to divulgence, the doctor or nurse considers that it is in the student's best interest or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

Consent

There is no specific age when a child becomes competent to consent to treatment. Pupils are able to consent to medical and nursing treatment if they are deemed 'competent'. That is if they have 'sufficient understanding and intelligence to enable them to understand fully what is proposed.' Whenever possible we will obtain parental consent for medical procedures, vaccinations etc.

Consent is assumed when a student attends the Health Centre for treatment, as she has come to ask for help. Treatment will be explained to her, but she is within her rights to refuse the treatment offered.



Pre-entry information for the school Health Centre

Please use BLOCK CAPITALS

To be completed for ALL students.
Day girls remain registered with their own GP but the following info is still required.

Pupil's details

Full name

Date of birth

Home address (including postcode)

Home telephone no.

Alternative address (if appropriate)

Alternative telephone no.

Please attach
a recent
photo here

Parents' details

Title	Name	Title	Name
Mobile No.		Mobile No.	
Daytime No.		Daytime No.	
Email		Email	

Pre-entry medical information for all

It is most important that you enclose your daughter's National Health Service Medical Card (FP4) if she has one. The following information is essential so that we are able to register your daughter with the school doctor.

NHS no. (if known)

Town or borough and country of birth

Name and address of your daughter's GP
(prior to commencing Woldingham School)

Date of first arrival in UK (if appropriate)

First address in UK

If you were previously resident
in this country, give date you left

General Practitioner care is provided under the
National Health Service.

If appropriate, do you wish your daughter to receive private
specialist treatment? YES / NO (Please circle as appropriate)

Details of medical insurance are as follows

Parent signature(s)

Date



Name of pupil _____

Date of birth _____

Year group _____

Day or Boarder (Please circle as appropriate) _____

Immunisations

Please give details / dates (dd/mm/yyyy) of the following:

HIB _____

Pertussis _____

Diphtheria _____

Tetanus _____

Polio _____

Measles _____

Mumps _____

Rubella _____

Typhoid _____

Yellow Fever _____

BCG _____

Mantoux / Heaf Test _____

Hepatitis A _____

Hepatitis B _____

Meningitis C _____

Meningitis ACWY _____

HPV Gardasil / Cervarix _____

Varicella / Chicken Pox _____

Pneumococcus _____

Does your daughter have any of the following medical problems?: (Please circle as appropriate)

If yes, please give details including a recent medical report/letter either from her specialist or GP.

Seizures / Epilepsy Yes / No _____

Asthma Yes / No _____

Hayfever Yes / No _____

Eczema Yes / No _____

Diabetes Yes / No _____

Depression / Anxiety Yes / No _____

Migraine / Headaches Yes / No _____

Drug sensitivity Yes / No _____

Ear infections /
Hearing difficulties Yes / No _____

Stomach disorders Yes / No _____

Eating disorder	Yes / No
Visual defects	Yes / No
Enuresis (bed wetting)	Yes / No
Flat feet / Any deformity	Yes / No
Sleep walking	Yes / No
Thyroid problems	Yes / No

**Does your daughter have any other medical problems which are not mentioned above?
If so, please give details:**

**Has your daughter ever had a serious allergic reaction for which she requires medication?
If so, please give details:**

Does your daughter have any food allergies? If so, please complete the food allergies form.

Please list any medications, tablets or inhalers your daughter is taking now and the illness for which they are being taken:

Childhood illnesses - has your daughter had the following infections?: (Please circle as appropriate)

Measles	Yes / No
Mumps	Yes / No
German Measles (Rubella)	Yes / No
Chicken pox	Yes / No
Whooping cough	Yes / No

Has your daughter ever had any serious illness or operations (e.g. tonsillectomy, appendicectomy), serious injuries (e.g. broken limbs) or required a blood transfusion? If so, please give details:

Has your daughter started menstruating? YES / NO (Please circle as appropriate).

Does she have any menstrual problems?:

Is there a close family member (parent or sibling) with a history of serious illness or inherited disease: e.g. a type of cancer, asthma, heart disease, stroke, high blood pressure, epilepsy, migraine, allergies, diabetes, thyroid disorder, Crohn's, liver disease, skin diseases, rheumatoid arthritis?:

Do you have any worries about your daughter's health that you would like to discuss with the school nurse? YES / NO (Please circle as appropriate). **If yes, please give a brief outline and the school nurse will contact you.**



Consent for 'over-the-counter' medication

To be completed
for ALL girls

I consent to appropriately trained staff to administer approved over-the-counter (OTC) remedies and prescribed medication authorised by the medical centre where appropriate.

Please DO NOT send your daughter to school with a supply of OTC medicines.

The school reserves the right to send a student home if it is judged that her presence in the school is a real risk to the health and safety of herself or others.

Declaration for the adult completing this form:

To the best of my knowledge the above information is correct at the time of signing.

I agree to update the School Nurse regularly of any changes to this information.

I consent to the sharing of health information with the Headmistress and other relevant members of staff when it is deemed necessary for the wellbeing and care of my daughter.

Parent signature

Date

Name (Please use BLOCK CAPITALS)



Name of pupil _____

Year group _____

This form should be completed by the parent or guardian of ALL girls, boarders and day girls alike.

Sodexo, the school's caterer, understands that allergies present a serious problem for some people. This form is designed to collect information about Sodexo consumers who have a food allergy.

Special requirements / dietary information

Please provide details of food allergy

Has this food allergy been medically diagnosed? (Yes/No) _____

IF YES, A LETTER STATING THE MEDICAL DIAGNOSIS MUST ACCOMPANY THIS FORM. IT MUST BE SIGNED BY THE GP, DIAGNOSING DOCTOR OR DIETICIAN. WITHOUT THIS DOCUMENT SODEXO MAY NOT BE ABLE TO FEED YOUR DAUGHTER

Parent / Guardian's name _____

Parent / Guardian's signature _____

Date _____

Note: While Sodexo can make arrangements to provide foods in which allergens are not included as an ingredient, we cannot guarantee that traces of nominated food allergens can remain completely absent from dishes as these foods may be handled and stored in the same areas as nominated allergens.

Data protection: Sodexo adheres to the data protection principles when processing information in relation to special dietary requirements. All information is held confidentially, and we take the appropriate technical and organisational measures required to ensure that only those who need access to the information, to ensure a meal can be provided in the safest way possible, actually have access. Sodexo will provide you with a copy of any information held about you or your child in accordance with the Data Protection Act upon request. Information will only be used to determine if it is possible for a suitable meal to be provided and, once a determination has been made, to provide a meal. The Information shall not be used for any other purpose.

To be completed by a Sodexo manager

Sodexo unit information

Segment

Unit/contract name

Contract manager's name

Contract manager's telephone no.

To be completed by a Sodexo dietician

This form has been assessed by

Name

Position

Date

Approved Rejected

Reason for rejection or recommendation



Woldingham School, Marden Park, Woldingham, Surrey, CR3 7YA
(for satellite navigation please use postcode CR3 7LR)

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www.woldinghamschool.co.uk