



# Durham School

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Dear Parent

Please find enclosed a **Medical Questionnaire** which **must** be completed and returned to the Medical Centre **before** your child joins Durham School. This ensures the health care needs of your child can be assessed and a care plan drawn up if required. **You must also include a copy of your child's vaccination history. This can be obtained from your GP.**

**Please note: If there are any changes to your child's medical or surgical history, medications or allergies during their time at Durham School, you should contact the staff in the Medical Centre as soon as possible so your child's medical records can be updated.**

The wearing of a **mouth guard** is compulsory for contact sports. This should be professionally fitted by a dentist/orthodontist before your child starts at Durham School.

## **Boarders Only**

Your child will be registered with our local GP in Durham unless you specifically request, in writing, to keep them with their current GP. However, it will then become your responsibility to take them for routine appointments with their registered GP. **To register your child with our GP we must present the child's passport or birth certificate, please hand either original document to the nurse on admission to Durham School. The document will be copied and returned to you.**

We hope your child enjoys a healthy life at Durham School. We are available to give help and advice so feel free to contact us if you have any concerns regarding the health of your child. Our direct line is 0191 375 3293. Or, you can e-mail us on [san@durhamschool.co.uk](mailto:san@durhamschool.co.uk)

Yours Sincerely,

Handwritten signature of A. Dutton in cursive.

A. Dutton

School Nurse

Handwritten signature of P. Abbott in cursive.

P. Abbott

School Nurse

**NEW PUPIL MEDICAL QUESTIONNAIRE**

**THIS FORM MUST BE COMPLETED AND SENT TO THE SCHOOL BEFORE THE FIRST DAY OF**

**TERM – APPLICABLE TO ALL STUDENTS**

Surname of pupil.....

Other names.....

Date of birth.....Date of entry to School.....

House.....

Boarder or day pupil.....

Into which year group is your child joining.....

Town and Country of birth (Boarders only)

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**Contact details of pupil's GP (if pupil is or has been resident in UK in the past)**

Name.....

Address.....

.....

Telephone number.....

**MEDICAL HISTORY OF CHILD**

When returning this questionnaire, please provide **The Medical Centre** with a print out of your child's **vaccinations** which can be obtained from your **GP surgery**.

**Please note: Final booster injections against diphtheria, tetanus and polio is given in Year 10. For boarders this will be organised through the Medical Centre and School GP. Day pupils must arrange to have this at their own GP surgery.**

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

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2. Please give details of any known exposure to active pulmonary tuberculosis.

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3. Is your child's sight normal? If not, please give details.

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4. Are glasses or contact lenses required for sport?

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5. Are your child's teeth normal? If not, please give details.

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6. Please indicate last dental check-up.

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7. Are you willing for any necessary routine vaccinations to be carried out by the GP practice linked to the School (boarders only)?

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8. Does your child suffer from, or, has he/she suffered from bed-wetting? If so, please give details of his/her present condition (boarders only).

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9. Does your child suffer or has he/she suffered from fits or epilepsy in any form? If so, please give details of treatments.

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10. Does your child suffer or has he/she suffered from deafness, ear infection or discharge? If so, please give details of his/her present condition.

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11. Does your child suffer from regular sore throats/runny nose? Or have any conditions affecting nose or throat?

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12. Please give details of any history of medical and/or allergic complaints, such as hay fever, asthma or eczema.

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13. Please list any medicines used to combat any such allergies above and any other medication your child is currently taking.

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14. Please give any known sensitivity or allergy to drugs or other substances.

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15. Please give details and dates of any surgical operations.

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16. Has your child suffered from any serious medical illness or operation that has relevance to his/her medical/social welfare at school?

Yes / No

If you have answered **yes**, please send details of any on-going medical care, care plan or consultant details applicable. This must be attached and returned with the medical questionnaire.

17. Is your child fit in all respects for the usual games/sports played at school? If not, please give details of exceptions and reasons.

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18. Is your child covered by any private insurance scheme for medical care?

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19. In the event of minor illness or injury, do you consent to the administration of simple remedy and pain relief (e.g. paracetamol, simple linctus, and ibuprofen)? Please note that we can only give ibuprofen without prescription to pupils over the age of 16.

Yes / No

20. Are you willing to give permission for your child to administer their own medication as required should it be prescribed by the school's GP (boarders only)?

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21. Are you willing for the information contained in this questionnaire to be shared confidentially with teaching staff in the interests of your child?

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**PLEASE NOW SIGN AND DATE THIS FORM ON THE PAGE ATTACHED. THEN RETURN THIS DOCUMENT WITH ALL OTHER IMPORTANT INFORMATION, TO ADMISSIONS TEAM OR A SCHOOL NURSE BEFORE YOUR CHILD ATTENDS DURHAM SCHOOL.**

Signature of parent or guardian: .....

Date: .....

Name of parent or guardian signing: .....

Address: .....

.....Postcode.....

Contact number.....

**Thank you for taking the time to complete this form carefully**

**Please note; The Medical Centre do not have the facility to provide full day care for Day pupils who are unfit to be in school. Any pupil may spend a short period of time in the Medical Centre resting under nursing supervision if it will enable them to return to lessons**