



Medical Information & Consent Form

This Medical Form must be completed and returned in the addressed envelope provided marked
Medical Form - Confidential

Pupil's Details:

Forename(s)		Surname	
Preferred Name		Date of Birth	
Gender		Home Language	
Nationality		N.H.S No. (if known)	

At Ellesmere College we wish to provide your child with quality medical care and to do that it is essential that the School Doctor knows the detailed medical history of your child. To provide continuity of care it is vital that the doctor has access to all previous medical notes. Therefore our policy is for pupils, whether weekly or full boarders, to register with the School Doctor when they begin their education here.

To help with the completion of this form, a copy of your child's immunisation dates can be obtained from your GP.

The College's Chief General Practitioner is **Dr. S. Farr** who is based at:

Churchmere Medical Practice, Trimpey Street, Ellesmere, Shropshire SY12 0DB. Tel: 01691 242222.

If your child becomes unwell at home, he/she may be seen at your own doctor as a 'Temporary Resident' without needing to fully re-register. We would obviously continue to provide emergency medical care for your child whilst at College.

If you do not wish to register your child with the School Doctor we still need to have this medical form completed.

Parent Details

	Parent 1	Parent 2
Relationship to child		
Title (e.g. Mr,Mrs,Ms)		
Forename		
Surname		
Address		
County		
Postcode		
Country		
Contact Tel: Mobile		
Home		
Work		
Email		

Emergency contact or Guardian contact information.

Title		Forename		Surname	
Address					
Postcode					
Relationship to child					
Telephone	Mobile		Home		Work

Any significant family history?					
Note: if either parent is deceased, age at death and cause.					
Family Doctor: (GP)		Tel No:			
Address:					
Family Dentist:		Tel No:			
Address:					
Is your child undergoing any dental or orthodontic treatment at present? (please give details.)					

Pupils Name: _____

Date of Birth: _____

Have you ever had at any time?	YES	NO	Full details, including dates and any current or past medication
Any allergies e.g. food, medication			
Asthma			
Hayfever			
Eczema, dermatitis, psoriasis or other skin condition			
Epilepsy, fainting attacks, convulsions, blackouts			
Diabetes (Type 1 or 2)			
Heart conditions			
Recurrent chest or throat problems			
Blood disorders e.g. haemophilia, sickle cell, anaemia			
Are you taking any medication at present, short or long term			
Depression, anxiety, phobias, nervous problems, stress			
Any history of self-harm			
An eating disorder (e.g. anorexia, bulimia) or unexplained weight loss or gain			
Counselling, psychotherapy or psychiatric treatment			
Eye conditions or defects of vision (Inc. colour blindness)			
Severe headaches, migraine			
Spinal problems, neck pain, back pain, disc problems			
Any form of joint problems, e.g. arthritis			
Have you ever had: Tuberculosis			
Have you ever had: Malaria			
Recurrent abdominal pain			
Any menstrual problems			
Any operations			
Any other condition requiring hospital treatment or investigation			

Pupils Name: _____

Date of Birth: _____

IMMUNISATION INFORMATION MUST BE FULLY COMPLETED

Age Due	Diseases protected against	Date given ie: 31.01.06	Put X if NOT given X
8 weeks old	Diphtheria, Tetanus, Pertussis, Polio, Hib and Hepatitis B		
	Pneumococcal (13 serotypes PCV)		
	Meningococcal group B (MenB)		
	Rotavirus (orally)		
12 weeks old	Diphtheria, Tetanus, Pertussis, Polio, Hib and Hepatitis B		
	Rotavirus (orally)		
16 weeks old	Diphtheria, Tetanus, Pertussis, Polio, Hib and Hepatitis B		
	Pneumococcal (13 serotypes PCV)		
	Meningococcal group B (MenB)		
One year old	Hib and MenC		
	Pneumococcal (13 serotypes PCV)		
	Meningitis B		
	Measles, Mumps and Rubella (1 st MMR)		
After three years and four months old	Diphtheria, Tetanus, Pertussis, Polio		
	Measles, Mumps and Rubella (2 nd MMR)		
12-15 years old	Human Papillomavirus (1 st HPV)		
	Human Papillomavirus (2 nd HPV)		
14 years old (year 9)	Booster Tetanus, Diphtheria and Polio		
	Meningococcal groups ACWY (Men ACWY)		
Any age	BCG		
Latest vaccine of:	Influenza		
Any other	Typhoid		
	Hepatitis A		
	Hepatitis B		
	Yellow Fever		
COVID-19	COVID-19 1st		
	COVID-19 2nd		