

Guidance for completing medical forms:

All parents of new pupils are requested to complete and return the enclosed medical card to the medical centre prior to the start of term.



BARNARD CASTLE SCHOOL
MEDICAL CARD

Pupil's Full Name: DOB:
Town & Country of birth:
School House: Gender: NHS No:

A. Parent/guardian living in the UK
Name:
Address: Postcode:
Email address:
UK tel no: UK work tel no:
UK mobile tel no:

B. Parent/guardian living overseas
Name:
Address: Country:
Email address:
Overseas tel no:
Overseas mobile tel no:

C. Doctor's details
Name/ Surgery:
Address:
Telephone Number:

The Medical Card should be completed in full (3 pages) and the consent signed.

It is kept in the Medical Centre at school, but some information such as allergies etc. is shared with relevant staff at the School. Please read the Policy and Protocol on page 4 and 5.

If you are a boarder the GMS1 form and New Patient Registration Health Questionnaire and Additional Information for Children Questionnaire must also be submitted.

This form (2 pages) is to Register with the NHS. The National Health Service provides UK wide care in hospitals and local doctors surgeries. Once registered students will receive an NHS number which can be used all over the UK.

The **Home address** on this form should be the School address where your child will be living as a boarder.
Barnard Castle School, Newgate, Barnard Castle, County Durham
Postcode: DL12 8UN Telephone: 01833 690222

If the student hasn't previously lived in the UK and utilised the NHS then the Barnard Castle School will be the first UK address.

Please sign at the bottom

Guidance for completing medical forms:

BARNARD CASTLE SURGERY

NEW PATIENT REGISTRATION HEALTH QUESTIONNAIRE

To register with the Practice please complete this questionnaire as fully as possible. The information will help us meet your healthcare needs. Please bring the completed form with proof of identity to reception.

As your medical notes may take some time to reach us, we would like to take the opportunity of inviting you to make a 20 minute appointment (90 minutes for a family) for a New Patient Check with our Health Care Assistant. During this appointment she will make a note of medical problems and check your current state of health. We would be grateful if you could fill in the questionnaire before the appointment and if you could bring a urine sample with you for testing (samples bottles available from the reception desk at the Surgery).
To make an appointment please telephone 01833 690488.

Your Contact Details			
Title	Date of Birth	NHS Number	
Surname	Sex	Occupation	
First Name(s)	Marital Status		
Preferred Calling Name			
Home Address			
Postcode			
Home Telephone	Work Telephone		
Mobile Telephone	Email		
Next of Kin	Relationship to Patient		
Next of Kin Address			
Next of Kin Contact Number			

←—————→
These two documents are to register at the local doctor's surgery and must be completed in full.

The New Patient Questionnaire is 6 pages. It must be signed on page 6.
The **Home address** will be:
Barnard Castle School, Newgate,
Barnard Castle, County Durham
Postcode: DL12 8UN Telephone: 01833 690222
In addition, all children under 18 should also have the Questionnaire Children (2 pages) completed.

BARNARD CASTLE SURGERY

NEW PATIENT REGISTRATION HEALTH QUESTIONNAIRE

ADDITIONAL INFORMATION FOR CHILDREN

Please complete the following details about your family and leave this information at reception. Information will be shared with the Health Visitor (for pre-school children) or the School Nursing service (if school age).

Details of Child	
Name	
Date of Birth	
Protection Plan / Foster Care Information	
Is this child subject to a child protection plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child in:	
<input type="checkbox"/> Foster care	
<input type="checkbox"/> Private foster care	
<input type="checkbox"/> None of the above	
Parents / Guardians Details	
<input type="checkbox"/> Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian	
First name	
Last name	
Contact Number	
<input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian	
First Name	
Last Name	
Contact Number	