



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

D. Further details about your child

1. Please give details of immunisation against the following diseases. Tick boxes as appropriate:

Primary Course/ Under 12 Months

Diphtheria/ Tetanus/ Polio/ Whooping Cough _____
Meningitis C / HIB Vaccine/ Rota Virus/
Pneumococcal disease

13 Months

HIB Vaccine / Meningitis C/ MMR/ Pneumococcal _____

3-5 Years Old

Diphtheria/ Tetanus/ Whooping Cough/ Polio/MMR _____

Girls 12–13 Years

HPV _____

14 Years Old

Tetanus/ Diphtheria/ Polio/ MMR _____

Other Vaccinations :

2. Has your child suffered from any of the following infections? If so, please give the date:

Whooping Cough: Measles:

German Measles: Mumps:

Chicken Pox: Tuberculosis

3. Please provide details of serious illnesses, injuries or hospital admissions since birth:

4. If your child has lived overseas, please name the countries, dates and details of any disease contracted:

5. Has your child suffered from any of the following conditions? Tick as appropriate

Asthma/Bronchitis Nose/ Ears/ Throat Diabetes

Hay fever Skin Disorders Heart Condition

Eye Problems Hearing Problems Other

Please provide as much information as possible:

6. Is your child currently under any form of medical treatment or receiving any regular medication? (please read and follow the protocol for the Receipt of Medicines from Parents / Guardians attached to this document)

If yes, please give details:

7a. Does your child have any known ALLERGY? (include allergies to penicillin, medication, foods, animals etc.) Yes No

If yes, please specify

7b: Has your child ever had an anaphylactic reaction? If, yes, please give details:

8. Does child suffer from nocturnal enuresis? (Bed Wetting)

9. Is there any history of physical or mental illness in the family which might affect your child?

If yes, please give details:

10. Please provide any other relevant information regarding your child's health, which may be useful for medical centre staff.

Consent

Emergency: I/We authorise the Headmaster, or an authorised deputy acting on their behalf, to consent on the advice of an appropriately qualified medical specialist, to my/our child receiving emergency medical treatment, including general anaesthetic and surgical procedure if the School is unable to contact me.

I/We consent to my/our child receiving emergency dental treatment.

Asthma sufferers only: In the event of my/our child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent to my/our child receiving salbutamol from an emergency inhaler held by the school for such emergencies.

Data Protection: I We understand that the personal data provided above will be processed for the purposes set out in Barnard Castle School's Privacy Notice.

For the purposes of data protection law, Barnard Castle School is the data controller for any personal data you supply to us. This personal data will be processed in accordance with data protection law, only used for the purpose(s) for which you have supplied it to us and our Privacy Notice, and (except where you have consented) only shared with third parties where it is necessary for us to do so and the law allows it. If we share your personal information with another organisation (e.g. another school, ISI, DfE or another government department etc.) this will be to help us act upon what you have told us or because these organisations need to be made aware of what you are telling us (in order for them to act upon it).

Please let us know if you do not wish us to share your information with relevant organisations but also be aware that we might not be able to act upon your correspondence if we do not share it. It is also important to note that, in certain circumstances, we might have a legal obligation to share the information that you have supplied to us with other organisations.

General:

I/We give consent for my/our child to receive all general health care (including administration of medicines under the homely medicines policy) and first aid provided by the School under the supervision of the School Medical Officer and the medical centre staff. I/We have read and agree to the Receipt of medicines from Parents/Guardians Protocol.

Signed by Parents:

Or Guardian: **Date:**

HOMELY MEDICINES POLICY

Only staff members authorised by the School Medical Officer to administer medications will do so.

An annual training programme approved by the School Medical Officer for all relevant staff will be provided by the medical centre staff which will include:-

- Indications
- Contraindications
- Side effects
- Dosage
- Precautions regarding administration
- Clear reasons for not giving a medicine
- Duration of the treatment before medical advice is sought.

The list of staff authorised to administer medication is available in the Medical Centre, Senior School, Prep School and all boarding house medical rooms.

The policy relates to prescription medicines for individual pupils and the following 'over the counter' medicines:-

- Simple Linctus – To relieve a cough
- Paracetamol/Calpol – Mild to moderate pain relief and/or high temperature
- Ibuprofen/Nurofen/gel - Pain relief
- Antihistamine (Piriton or Certirizine) - allergic reaction / hayfever
- Gaviscon – Heartburn/Reflux/Indigestion
- Strepsils/Tyroxets – Sore throat
- Joy rides/Kwells – Travel sickness
- Olbas Oil/Sudafed – Nasal congestion
- Oraldene Mouthwash - Sore throats/gums/teeth
- Feminax – Period discomfort
- **Boarders only**—Other over the counter medicines that are provided with administration instructions on the package will be individual student specific.

Manufacturer's instructions and label will always be followed.

If symptoms persist, boarding pupils will be referred to the Medical Centre and parents of day pupils will be contacted.

Records of medicines administered will always be completed, be legible and current; providing a complete audit trail.

RECEIPT OF MEDICINES FROM PARENTS / GUARDIANS PROTOCOL

All medicines must be provided to the School in :

- original packaging
- the name of the medicine, strength and expiry date of the medicines clearly visible on the packaging in English.

INFORMATION FOR DAY STUDENTS BRINGING MEDICINE FROM HOME

For non-prescription and prescription medicines bought to school from home, parents / guardians are asked to provide detailed written instruction to the School. This written instruction and the provision of the named medicine enables the medical centre staff or appropriately trained staff to administer these medications.

INFORMATION FOR BOARDING STUDENTS BRINGING MEDICINE FROM HOME

For non-prescription medicines bought to school from home parents / guardians are asked to provide detailed written instruction to boarding house staff. This enables the boarding house and medical centre staff / appropriately trained staff to administer these medications.

In consultation with families and the medical centre, Matrons may also provide “over the counter” medications during term time if appropriate. Instruction to matrons may come from the medical centre, families or the doctor. These types of medicines (eg paracetamol, cetirizine, ibuprofen) are not always available as part of the NHS provision and may be sourced directly from the pharmacy with a cost attached. The cost will be recharged on the students account.

For prescribed medicine within the boarding house, parents must provide a UK pharmacy labelled box that clearly identifies the students name, date of birth, prescribed dosage and frequency of dosage along with written instruction to boarding house staff specifying the period of time the medicine is to be administered.

A note about medicines sourced from outside the UK

Along with a written request from parents/ guardians for medicines to be administered, for all medicines which have been sourced outside of the UK, clear documentation from the prescribing doctor or consultant must be provided and be clear in stating the following:

- Pupil name
- Date of birth
- Prescribed dosage
- Frequency of dosage
- Period of time that the medication is to be administered.

If medicines are not provided in this manner then dosage and prescriptions will be checked by a local doctor and new medicines sourced from the UK. Any associated costs will be re-charged to the pupil's account.

Medicines must be provided to the boarding house in

- Original packaging
- The name of the medicine, dosage and expiry date of the medicines clearly visible on the packaging.